

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 626668

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: PATIO POOLS, INC.

## Current Principal Place of Business:

4118 GUNN HWY  
TAMPA, FL 33618

## New Principal Place of Business:

## Current Mailing Address:

4118 GUNN HWY  
TAMPA, FL 33618

## New Mailing Address:

FEI Number: 59-1925246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOSTER, CHARLES P.  
4118 GUNN HWY  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: FOSTER, JOYCE CAROL,  
Address: 14834 LAKE MAGDALENE CIR  
City-St-Zip: TAMPA, FL 33613

Title: TVD ( ) Delete  
Name: FOSTER, JOYCE CAROL,  
Address: 14834 LAKE MAGDALENE CIR  
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete  
Name: CLARK, MILDRED,  
Address: 14832 LAKE MAGDALENE CIR  
City-St-Zip: TAMPA, FL 33613

Title: PD ( ) Delete  
Name: FOSTER, CHARLES P,  
Address: 14834 LAKE MAGDALENE CIR  
City-St-Zip: TAMPA, FL 33613

Title: VD ( ) Delete  
Name: SCHRADER, GINA L  
Address: 1828 W. BEARSS AVE.  
City-St-Zip: TAMPA, FL 33613

Title: VD ( ) Delete  
Name: FOSTER, ROBERT F  
Address: 14109 LAKE MAGDALENE BLVD.  
City-St-Zip: TAMPA, FL 33618

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINA L. SCHRADER

VD

04/20/2007

Electronic Signature of Signing Officer or Director

Date