2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 654488

Entity Name: FLORIDA POOL PRODUCTS, INC.

Current Principal Place of Business:

14480 62ND ST. N.
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

P O BOX 6025
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 59-2096824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLEAD, KAREN S
14480 62ND STREET NORTH
CLEARWATER, FL 33760 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: CD ( ) Delete
Name: THOMAS, FRED A
Address: 14480 62ND ST. N.
City-St-Zip: CLEARWATER, FL 33760

Title: S ( ) Delete
Name: MCLEAD, KAREN S
Address: 14480 62ND ST. N.
City-St-Zip: CLEARWATER, FL 33760

Title: VD ( ) Delete
Name: THOMAS, JOHN C
Address: 14480 62ND ST. N.
City-St-Zip: CLEARWATER, FL 33760

Title: PTCD ( ) Delete
Name: EISCH, JAMES P
Address: 14480 62ND ST. N.
City-St-Zip: CLEARWATER, FL 33760

Title: D ( ) Delete
Name: DOE, JANET T
Address: 18945 YORK LANE
City-St-Zip: HUNTINGTON BEACH, CA 92648

Title: CFO ( ) Delete
Name: MILNER, ROBERT
Address: 14480 62ND ST. N.
City-St-Zip: CLEARWATER, FL 33760

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 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: KAREN S. MCLEAD S 04/14/2009

Electronic Signature of Signing Officer or Director Date