

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000005595

1. Entity Name
A SON OF A SON OF A POOL MAN INC.



Principal Place of Business

5290 NW MAYFIELD LANE
PORT ST. LUCIE, FL 34983

Mailing Address

5290 NW MAYFIELD LANE
PORT ST. LUCIE, FL 34983

**FILED
Apr 09, 2008 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE

03132008 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0448371	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PACIFIC REGISTERED AGENTS, INC.
92 SADBERRY ROAD
QUINCY, FL 32351

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Myron S. Williams Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

U000000886867
04/18/08-80075-015 150.00

10. OFFICERS AND DIRECTORS

TITLE PCS
NAME WILLIAMS, MYRON S
STREET ADDRESS 5290 NW MAYFIELD LN
CITY-ST-ZIP PORT ST LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Myron S. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08
Date Daytime Phone #