

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # F0600000777 1. Entity Name PETTIS POOLS, INCORPORATED	
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Principal Place of Business 1186 MANITOU RD HILTON, NY 14468	Mailing Address 1186 MANITOU RD HILTON, NY 14468
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 16-0915438	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FARUCH, CONSTANCE 15 HOPETOWN RD MICCO, FL 32976

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

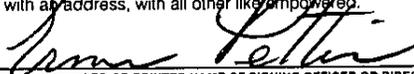
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAPODANO, JOHN P 1186 MANITOU RD HILTON, NY 14468
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETTIS, JULIE M 825 FAIRPORT RD E ROCHESTER, NY 14445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETTIS, ERMA 1186 MANITOU RD HILTON, NY 14468
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETTIS, ERMA 1186 MANITOU RD HILTON, NY 14468
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000716032
04/28/07-80015-003 150.00

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:  **4-12-07** (585) 392 7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #