

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13332

**FILED**  
**Apr 11, 2007**  
**Secretary of State**

**Entity Name:** NOFINER POOL SUPPLY & MAINTENANCE COMPANY, INC.

**Current Principal Place of Business:**

3521 S DIXIE HWY  
STUART, FL 349975244

**New Principal Place of Business:**

3521 SE DIXIE HWY  
STUART, FL 34997

**Current Mailing Address:**

3521 S DIXIE HWY  
STUART, FL 349975244

**New Mailing Address:**

3521 SE DIXIE HWY  
STUART, FL 34997

**FEI Number:** 59-2049758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALVATORE, NOFI JR  
4239 SW MALLARD CREEK TRAIL  
PALM CITY, FL 34990 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: PTD ( ) Delete  
Name: NOFI, SALVATORE JR,  
Address: 3521 S DIXIE HWY  
City-St-Zip: STUART, FL 34997

Title: VSD ( ) Delete  
Name: NOFI, SALVATORE III  
Address: 3262 SE CLAYTON STREET  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: NOFI, SALVATORE JR,  
Address: 3521 SE DIXIE HWY  
City-St-Zip: STUART, FL 34997

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: SALVATORE NOFI, JR

PTD

04/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date