

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20268

Entity Name: PALM POOLS, INC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

6300 NIGHTWIND CR.  
ORLANDO, FL 32818 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1231  
APOPKA, FL 32704 US

## New Mailing Address:

FEI Number: 59-2066126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KATHY PALMERE  
6300 NIGHTWIND CIRCLE  
ORLANDO FL, FL 32818 US

## Name and Address of New Registered Agent:

KATHY PALMERE  
6300 NIGHTWIND CIRCLE  
ORLANDO, FL 32818 US

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:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VS ( ) Delete  
Name: PALMERE, GEORGE D  
Address: 6300 NIGHTWIND CIRCLE  
City-St-Zip: ORLANDO, FL

Title: P ( ) Delete  
Name: PALMERE, KATHY  
Address: 6300 NIGHTWIND CIRCLE  
City-St-Zip: ORLANDO, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KATHY PALMERE

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date