

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20268

Entity Name: PALM POOLS, INC.

**FILED**  
**Mar 21, 2011**  
**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 32818 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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: GEORGE D. PALMERE

PRES

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date