

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # F99000005034

1. Entity Name
POLARIS POOL SYSTEMS, INC.



Principal Place of Business
**2620 COMMERCE WAY
VISTA, CA 92081**

Mailing Address
**2620 COMMERCE WAY
VISTA, CA 92081**

DO NOT WRITE IN THIS SPACE



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3786641

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
THIELSCHER, KATE
2028 NW 25TH AVE
POMPANO BEACH, FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ROY, SIMON
2620 COMMERCE WAY
VISTA, CA 92081**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECR
CICCHILLO, RICHARD
111 PEACHTREE ST
ATLANTA, GA 30309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRE
SEIDMAN, DALE
2028 NW 58TH AVE
POMPANO BEACH, FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000648623
03/07/07-80016-019 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #