

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G64098

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: IDEAL POOLS OF BROWARD, INC.

**Current Principal Place of Business:**

7565 W. SUNRISE BLVD  
PLANTATION, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

7565 W. SUNRISE BLVD  
PLANTATION, FL 33313

**New Mailing Address:**

FEI Number: 59-2334805      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MILLETT, GEORGE J  
324 S.E. 10TH ST  
APT. #308  
DANIA, FL 33004 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: P ( ) Delete  
Name: DIEHL, JOHN M  
Address: 7565 W. SUNRISE BLVD  
City-St-Zip: PLANTATION, FL 33313

Title: VP ( ) Delete  
Name: DIEHL, MARGARET M  
Address: 7565 W. SUNRISE BLVD.  
City-St-Zip: PLANTATION, FL 33313

**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: JOHN M. DIEHL

PRES

01/28/2009

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

\_\_\_\_\_ Date