2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # G66473 02-22-2008 90012 036 ***150.00 CLEAR WATER POOL COMPANY, INCORPORATED Principal Place of Business Mailing Address 2976 S. MILITARY TRAIL 2976 S. MULITARY TRAIL W PALM BCH., FL 33415-3969 W PALM BCH., FL 33415-3969 CR2E034 (11/05) 02112008 No Cho-P DO NOT WHITE IN THIS SPACE Applied For 4. FEI Number 59-2336826 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOELL, ERIC J DO NO! WRITE 6686 NW 63RD WAY PARKLAND, FL 33067 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. (NOTE: Received Agent pignature required when reinstativa) FILE NOW!!! FEE IS \$150.00 | After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fe OFFICERS AND DIRECTORS 10. TITLE NAME SOELL, ROBERT STREET ADDRESS 530 SE 3RD COURT CITY-ST-ZIP DEERFIELD, FL TITLE SOELL, ERIC J NAME 6686 N.W. 63RD WAY STREET ADDRESS CITY-ST-ZIP PARKLAND, FL 33067 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IIILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY_CT_7IP 12. I hereby certify that the information supplied with this fiting 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 it changed, or on an attachment with an address, with all other like empowered.

FILED

Mar 12, 2008 8:00 am

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