

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90106 023 ***150.00

DOCUMENT # H85392 1. Entity Name FUTRELL CUSTOM POOLS INC.			
Principal Place of Business 512 N. PINE MEADOW DR. DEBARY, FL 32713		Mailing Address 512 NO PINE MEADOW DR. DEBARY, FL 32713	
2. Principal Place of Business - No P.O. Box # 4061 W. First St. Suite, Apt. #, etc.		3. Mailing Address PO Box 471117 Suite, Apt. #, etc.	
City & State Sanford, FL Zip 32771		City & State Lakemontroe, FL Zip 32747	
Country USA		Country USA	
4. FEI Number 59-2605707		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FUTRELL, DINA R. 512 N. PINE MEADOW DR. DEBARY, FL 32713		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 609 Quail Lake Dr. City Debarng	
State FL		Zip Code 32713	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
FILE NUMBER 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PO NAME FUTRELL, DINA L STREET ADDRESS 512 N. PINE MEADOW DR. CITY-STATE-ZIP DEBARY, FL 32713	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition
TITLE V NAME FUTRELL, TERRY STREET ADDRESS 512 N. PINE MEADOW DR. CITY-STATE-ZIP DEBARY, FL 32713	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition
TITLE V NAME FUTRELL, JEFF STREET ADDRESS 196 STEEPLE CHASE CIR. CITY-STATE-ZIP SANFORD, FL 32771	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition
TITLE S NAME FUTRELL, TISHA STREET ADDRESS 196 STEEPLE CHASE CIR. CITY-STATE-ZIP SANFORD, FL 32771	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition
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: <u>Tisha Futrell</u>		Date: <u>1/16/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	