

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 21, 2008 08:00 A
Secretary of State

DOCUMENT # H94277 1. Entity Name ELITE-WEILER POOLS, INC.	
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Principal Place of Business 640 APEX ROAD SARASOTA, FL 34240 US	Mailing Address 640 APEX ROAD SARASOTA, FL 34240 US
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2665023	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KENNEDY, JOHN D 4726 EAST TRAILS DR SARASOTA, FL 34232	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

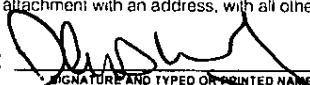
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD KENNEDY, DOUGLAS 640 APEX ROAD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP KENNEDY, JOHN D 4726 E. TRAILS DR. SARASOTA, FL 34232
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02/28/08-80031-001 158.75

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:  John Kennedy 2-18-08 941-343-9001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #