


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J07123</b> 1. Entity Name <b>POLAR BEAR POOLS, INC.</b>	
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Principal Place of Business <b>1311 SEMINOLE BLVD CASSELBERRY, FL 32707 US</b>	Mailing Address <b>1311 SEMINOLE BLVD CASSELBERRY, FL 32707 US</b>
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01032007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2660724</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LIPPOLDT, CHARLES L. 532 CASCADE CIRCLE, UNIT 100 CASSELBERRY, FL 32707</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000589880</b> <b>01/18/07-80034-016 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LIPPOLDT, CHARLES L. 532 CASCADE CIRCLE, UNIT 100 CASSELBERRY, FL
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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.

<b>SIGNATURE:</b> <u>Charles L. Lippoldt</u> <u>Charles L. Lippoldt</u> <u>1/5/07</u> <u>407-260-1889</u>	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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