

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J54628

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: FLORIDA POOL BARRIERS INC.

## Current Principal Place of Business:

125 COCHISE CT.  
PALM COAST, FL 32137

## New Principal Place of Business:

785 LAMBERT AVE  
FLAGLER BEACH, FL 32136

## Current Mailing Address:

P.O. BOX 350122  
PALM COAST, FL 32135

## New Mailing Address:

P.O. BOX 927  
FLAGLER BEACH, FL 32136

FEI Number: 59-2781215

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MULLEN, BRIAN C  
125 COCHISE CT.  
PALM COAST, FL 32135 US

## Name and Address of New Registered Agent:

MULLEN, BRIAN C  
785 LAMBERT AVE.  
FLAGLER BEACH, FL 32136 US

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:

01/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MULLEN, BRIAN  
Address: 125 COCHISE CT.  
City-St-Zip: PALM COAST, FL 32135

Title: VP ( ) Delete  
Name: MULLEN, BRIAN C  
Address: 125 COCHISE CT.  
City-St-Zip: PALM COAST, FL 32135

Title: SEC ( ) Delete  
Name: MULLEN, BRIAN C  
Address: 125 COCHISE CT.  
City-St-Zip: PALM COAST, FL 32135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MULLEN, BRIAN  
Address: P.O. BOX 927  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VP (X) Change ( ) Addition  
Name: MULLEN, BRIAN C  
Address: 785 LAMBERT AVE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: SEC (X) Change ( ) Addition  
Name: MULLEN, BRIAN C  
Address: 785 LAMBERT AVE.  
City-St-Zip: FLAGLER BEACH, FL 32136

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: BRIAN C. MULLEN

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

Date