

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J76167**



1. Entity Name

**POOL WORLD OF VOLUSIA, INC.**

Principal Place of Business

**22 LILAC DR  
DEBARY FL 32713  
US**

Mailing Address

**P O BOX 530029  
DEBARY FL 32753-0029  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2828343**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

**DOBRZYNSKI, DAVID  
22 LILAC DR  
DEBARY FL 32713**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DP ☐ Delete  
NAME: DOBRZYNSKI, DAVID D.  
STREET ADDRESS: 1958 GREENVIEW DR  
CITY-STATE-ZIP: DELTONA FL

TITLE: V ☐ Delete  
NAME: EMERY, WESLEY  
STREET ADDRESS: 22 LILAC DR  
CITY-STATE-ZIP: DEBARY FL

TITLE: T ☐ Delete  
NAME: EMERY, DIANE  
STREET ADDRESS: 22 LILAC DR  
CITY-STATE-ZIP: DEBARY FL

TITLE: S ☐ Delete  
NAME: KEITH, EMERY  
STREET ADDRESS: 1132 ABADY CT  
CITY-STATE-ZIP: DELTONA FL 32725

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP: 02/06/07-80063-001, 150.00

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Diane Emery* *Diane Emery*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/29/2007*  
Date

*386-6685780*  
Daytime Phone #