

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90137 029 ***150.00

DOCUMENT # J93586

1. Entity Name

FILL-A-POOL, INC.



Principal Place of Business

4310 NW 117 AVENUE
SUNRISE FL 33323

Mailing Address

4310 NW 117 AVENUE
SUNRISE FL 33323

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

4995 Micco Rd.

Suite, Apt. #, etc.

Micco, FL.

City & State

32976

Zip

Country

3. Mailing Address

FILL-A-POOL inc.

Suite, Apt. #, etc.

4995 Micco Rd

City & State

Micco, FL.

Zip

32976

Country

Bremm

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2847859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANARICK, BERNARD D.
8181 W BROWARD BLVD #380
PLANTATION FL 33324

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 of filer (if filer is not the registered agent).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 PD
NAME GEARY, JOHN E.
STREET ADDRESS 10795 N.W. 53 ST #207
CITY-ST-ZIP SUNRISE FL

☐ Delete

TITLE VD
NAME GEARY, JOAN K.
STREET ADDRESS 10795 N.W. 53 ST #207
CITY-ST-ZIP SUNRISE FL

☐ Delete

TITLE TD
NAME GEARY, NANCY R.
STREET ADDRESS 10795 N.W. 53 ST #207
CITY-ST-ZIP SUNRISE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/08 954-749-7665