

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K49232

FILED
Apr 26, 2007
Secretary of State

Entity Name: PROGRESSIVE POOL PRODUCTS & SERVICES, INC.

Current Principal Place of Business:

109 DUNBAR AVE
UNIT D
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

109 DUNBAR AVE
UNIT D
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-2923003 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROBERT COHEN
2918 BUSCH LAKE BLVD
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOFFMAN, NANCY,
Address: 109 DUNBAR AVE
City-St-Zip: OLDSMAR, FL 34677

Title: VTD () Delete
Name: HOFFMAN, CHAD
Address: 109 DUNBAR AVE
City-St-Zip: OLDSMAR, FL 34677

Title: S () Delete
Name: HOFFMAN, IRA
Address: 109 DUNBAR AVE
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY HOFFMAN

PD

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date