2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # K58202 1. Entity Name 01-18-2008 90005 030 ***150.00 STANTON POOLS, INC. Principal Place of Business Mailing Address **785 ACORN STREET** 785 ACORN STREET MERRIEE ISLAND, FL 32920 MERRIEE ISLAND, FL 32920 2. Principal Place of Business - No P.O. Box # 785 Acorn Street 3. Mailing Address Suite, Apt. #, etc. 01162008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Merrit 59-2931892 Not Applicable Merritt \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STANTON STANTON, JEFF Street Address (P.O. Box Number is Not Acceptable) 292 TIN ROOF AVE CAPE CANAVERAL, FL 32920 MBS Acorn Street city Merritt Island 32952 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, <u>1-16-08</u> GOTGATE SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change PTD ☐ Delete TITLE Addition STANTON, JEFF NAME NAME 785 Acorn Street STREET ADDRESS 292 TIN ROOF AVE STREET ADDRESS Merrith Island FL 32952 CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL, FL 32920 Change Addition TITLE ☐ Delete TITLE STANTON, MARTITA M 785 Acom Street 292 TIN ROOF AVE STREET ADDRESS STREET ADDRESS Merritt Island FL CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL, FL 32920 **2**952 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- 78P CITY-ST-ZIP ☐ Detete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-7/P CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS 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 321-591-8258 **SIGNATURE**

FILED

Jan 18, 2008 8:00 am