

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L08663

1. Entity Name
B & B POOLS, INC.



Principal Place of Business
**1202 HAMMONDVILLE ROAD
POMPANO BEACH, FL 33069 US**

Mailing Address
**P O BOX 393
POMPANO BCH, FL 33061-0393 US**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0141079	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BANTA, HARRY L PRES
1117 SW 4TH TERR
POMPANO BEACH, FL 33060**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BANTA, HARRY L PRES
STREET ADDRESS	1117 SW 4TH TER
CITY-ST-ZIP	POMPANO BEACH, FL 33060

TITLE	STD
NAME	MCWHORTER, MYRA B STD
STREET ADDRESS	447 LAGOON COURT
CITY-ST-ZIP	KENANSVILLE, FL 34739

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/08-80049-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Myra McWhorter **MYRA MCWHORTER** 01/10/08 954-946-5834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #