

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L10738

FILED
Apr 23, 2008
Secretary of State

Entity Name: SUPERIOR DESIGN POOLS & SPAS, INC.

Current Principal Place of Business:

12489-3 SAN JOSE BLVD
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

12489-3 SAN JOSE BLVD
STE 47
JACKSONVILLE, FL 32223 US

New Mailing Address:

12489-3 SAN JOSE BLVD
JACKSONVILLE, FL 32223 US

FEI Number: 59-2971105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, HARRY L OWNER
9585 COUNTY ROAD 13 NORTH
ST. AUGUSTINE, FL 32092 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: PRES () Delete
Name: MORRIS, HARRY L.,
Address: 9585 COUNTY RD 13 NORTH
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP () Delete
Name: MORRIS, SHANE W
Address: 9585 COUNTY RD 13 NORTH
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: SHANE W MORRIS

VP

04/23/2008

Electronic Signature of Signing Officer or Director

Date