

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90030 013 ***150.00

DOCUMENT # L43661

1. Entity Name

POOLS BY JOHN CLARKSON, INC.



Principal Place of Business

600 ST. JOHNS BLUFF ROAD N
JACKSONVILLE, FL 32225 US

Mailing Address

600 ST. JOHNS BLUFF ROAD N
JACKSONVILLE, FL 32225 US



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2984930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLARKSON, JOHN S.
600 ST. JOHNS BLUFF ROAD N
JACKSONVILLE, FL 32225

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 DP
NAME CLARKSON, JOHN S.
STREET ADDRESS 600 ST. JOHNS BLUFF ROAD N
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE D
NAME CLARKSON, JUDITH J.
STREET ADDRESS 600 ST. JOHNS BLUFF ROAD N
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #