

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L67771

FILED  
Feb 20, 2012  
Secretary of State

Entity Name: C M POOL PLUMBING INC.

**Current Principal Place of Business:**

16554 78 DR. NORTH  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

16554 78TH DR. NORTH  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

16554 78TH DR. NORTH  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

FEI Number: 65-0187995      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POOL, CRAIG M.  
16554 78TH DR. NORTH  
PALM BEACH GARDENS, FL 33418      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

**OFFICERS AND DIRECTORS:**

Title: PTM  
Name: POOL, CRAIG M.  
Address: 16554 78TH DR. NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418 PB

Title: S  
Name: POOL, DAWN D  
Address: 16554 78TH DR. NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418 PB

I hereby 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 all other like empowered.

SIGNATURE: CRAIG POOL

PRES

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date