2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L76897

Address:

City-St-Zip:

467 CAMEL CIR

COCOA, FL 32927

Entity Name: ISLAND POOL CONSTRUCTION, INC.

FILED Apr 29, 2008 Secretary of State

Littly Nai	HE. ISLAND F	OOL CONSTRUCTION, INC.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
3935 N US #D	#1				
COCOA, F	L 32926 U	S			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	3935 N. US #1			5360 FISHTAIL PALM AVE. COCOA, FL 32927 US	
#D COCOA, F	L 32926 U	S	COCOA, FL 32921	03	
FEI Number:	59-3021151	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
MCROBERTS, DONNA A. 3935 N US 1 SUITE D COCOA, FL 32926 US				MCROBERTS, DONNA A. 5360 FISHTAIL PALM AVE. COCOA, FL 32927 US	
The above in the State		submits this statement for the po	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				04/29/2008	
	Electron	ic Signature of Registered Age	nt	Date	
Election Can	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () MCROBERTS, 5360 FISHTAIL COCOA, FL 32	PALM AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MCROBERTS, 5360 FISHTAIL COCOA, FL 32	PALM AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T () HUTCHINSON,	Delete LARRY,	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DONNA A. MCROBERTS V.P. 04/29/2008