

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

DOCUMENT # L96652			
<small>1. Entity Name</small> POOLS, ETC., INC.			
<small>Principal Place of Business</small> 39 N. WINTER PARK DRIVE CASSELBERRY FL 32707		<small>Mailing Address</small> 39 N. WINTER PARK DRIVE CASSELBERRY FL 32707	
<small>2. Principal Place of Business</small>		<small>3. Mailing Address</small>	
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>	
<small>City & State</small>		<small>City & State</small>	
<small>Zip</small>		<small>Country</small>	
<small>Country</small>		<small>Country</small>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent							
FITZPRICK, TIMOTHY D. 39 N. WINTER PARK DR. CASSELBERRY FL 32707		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"><small>Name</small></td> </tr> <tr> <td colspan="2" style="padding: 5px;"><small>Street Address (P.O. Box Number is Not Acceptable)</small></td> </tr> <tr> <td style="padding: 5px;"><small>City</small></td> <td style="padding: 5px;"><small>FL</small> <small>Zip Code</small></td> </tr> </table>		<small>Name</small>		<small>Street Address (P.O. Box Number is Not Acceptable)</small>		<small>City</small>	<small>FL</small> <small>Zip Code</small>
<small>Name</small>									
<small>Street Address (P.O. Box Number is Not Acceptable)</small>									
<small>City</small>	<small>FL</small> <small>Zip Code</small>								

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** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May <input type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<small>TITLE</small>	<small>P</small> <input type="checkbox"/> Delete FITZPATRICK, TIMOTHY D.	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000403582
<small>NAME</small>	39 N. WINTER PARK DR.	<small>NAME</small>	02/06/06-80012-023 150.00
<small>STREET ADDRESS</small>	CASSELBERRY FL 32707	<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>		<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<small>V</small> <input type="checkbox"/> Delete FITZPATRICK, CONSTANCE	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>	39 N. WINTER PARK DR.	<small>NAME</small>	
<small>STREET ADDRESS</small>	CASSELBERRY FL 32707	<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>		<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Delete	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>		<small>NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>		<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Delete	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>		<small>NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>		<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Delete	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>		<small>NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>		<small>CITY-ST-ZIP</small>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Timothy D Fitzpatrick* **1/20/05** **907 695-6145**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #