

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L96652

Entity Name: POOLS, ETC., INC.

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

39 N. WINTER PARK DRIVE
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

39 N. WINTER PARK DRIVE
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3031619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZPRICK, TIMOTHY D.
39 N. WINTER PARK DR.
CASSELBERRY, FL 32707 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: P () Delete
Name: FITZPATRICK, TIMOTHY, D.
Address: 39 N. WINTER PARK DR.
City-St-Zip: CASSELBERRY, FL 32707

Title: V () Delete
Name: FITZPATRICK, CONSTANCE
Address: 39 N. WINTER PARK DR.
City-St-Zip: CASSELBERRRY, FL 32707

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: TIMOTHY D. FITZPATRICK

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date