

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M82921

FILED
Feb 04, 2009
Secretary of State

Entity Name: CHEMICAL POOLS, INC.

Current Principal Place of Business:

210 BORMAN DR
MERRITT ISLAND, FL 329540056 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 540056
MERRITT ISLAND, FL 329540056 US

New Mailing Address:

FEI Number: 59-2894032 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANTON, ARCH H.
210 BORMAN DRIVE
MERRITT ISLAND, FL 329540056 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: STANTON, ARCH H., JR.,
Address: P.O. BOX 540056
City-St-Zip: MERRITT ISLAND, FL 329540056

Title: ST () Delete
Name: STANTON, CYNTHIA
Address: P.O. BOX 540056
City-St-Zip: MERRITT ISLAND, FL 329540056

Title: V () Delete
Name: STANTON, JOSEPH B
Address: P.O. BOX 540056
City-St-Zip: MERRITT ISLAND, FL 329540056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STANTON, ARCH H JR
Address: P.O. BOX 540056
City-St-Zip: MERRITT ISLAND, FL 329540056

Title: S (X) Change () Addition
Name: STANTON, CYNTHIA A
Address: P.O. BOX 540056
City-St-Zip: MERRITT ISLAND, FL 329540056

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: CINDY STANTON

S

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date