

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000006842

1. Entity Name
POOL PEOPLE COMMERCIAL INC.



Principal Place of Business
6500 N.W. 15TH AVE
SUITE 200
FORT LAUDERDALE, FL 33309

Mailing Address
6500 N.W. 15TH AVE
SUITE 200
FORT LAUDERDALE, FL 33309

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90371 049 ***150.00



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1569620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KNOX, WINTHROP S
6500 N.W. 15TH AVE
SUITE 200
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNOX, JANICE 2800 NE 30TH AVE, # 108 LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNOX, WINTHROP S 2800 NE 30TH AVE, # 108 LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

754-922-6300