


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90016 035 \*\*\*550.00

<b>DOCUMENT #</b> P00000016759	
1. Entity Name ALL POOLS, INC.	

Principal Place of Business 8062 BRIAR OAK DRIVE PENSACOLA FL 32514	Mailing Address 8062 BRIAR OAK DRIVE PENSACOLA FL 32514
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2. Principal Place of Business - No P.O. Box # <b>603 DESERT OAK DR</b> Suite, Apt. #, etc.	3. Mailing Address <b>603 DESERT OAK DR.</b> Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State <b>PENSACOLA FL</b>	City & State <b>PENSACOLA FL</b>
Zip <b>32514</b>	Country <b>USA</b>

4. FEI Number <b>59-3631047</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BONIBERGER, RICHARD</b> <b>8062 BRIAR OAK DRIVE</b> <b>PENSACOLA FL 32514</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 **RICHARD BONIBERGER** (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007, Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<b>D</b> <b>BONIBERGER, RICHARD</b> <b>8062 BRIAR OAK DRIVE</b> <b>PENSACOLA FL 32514</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BONIBERGER, JEAN E</b> <b>8062 BRIAR OAK DRIVE</b> <b>PENSACOLA FL 32514</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>BONIBERGER, RICHARD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>603 DESERT OAK DR</b> <b>PENSACOLA FL 32514</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **RICHARD BONIBERGER** Date **5-16-07** Daytime Phone # **850-479-5813**