


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-22-2007 90016 035 ***550.00

DOCUMENT # 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 # 603 DESERT OAK DR Suite, Apt. #, etc.	3. Mailing Address 603 DESERT OAK DR. Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State PENSACOLA FL	City & State PENSACOLA FL
Zip 32514	Zip 32514
Country USA	Country USA

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

6. Name and Address of Current Registered Agent BONIBERGER, RICHARD 8062 BRIAR OAK DRIVE PENSACOLA FL 32514	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BONIBERGER, RICHARD 8062 BRIAR OAK DRIVE PENSACOLA FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BONIBERGER, RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 603 DESERT OAK DR PENSACOLA FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BONIBERGER, JEAN E 8062 BRIAR OAK DRIVE PENSACOLA FL 32514 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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**