


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 13, 2007 8:00 am**  
**Secretary of State**

08-13-2007 90022 030 \*\*\*550.00

DOCUMENT # P00000069721		
1. Entity Name POOLS, PATIOS AND MORE, INC.		

Principal Place of Business 600 W SUGARLAND HWY CLEWISTON FL 33440	Mailing Address 600 W SUGARLAND HWY CLEWISTON FL 33440
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2. Principal Place of Business - No P.O. Box # 810 SOUTH SAN PEDRO	3. Mailing Address P.O. Box 186
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/07)

City & State CLEWISTON, FL	City & State
Zip 33440	Country HENDRY

4. FEI Number 65-1037318	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HENDRY, JOSEPH M II 606 WEST SUGARLAND HWY CLEWISTON FL 33440	
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7. Name and Address of New Registered Agent Name MELANIE A. MCGAHEE ATT. AT LAW Street Address (P.O. Box Number is Not Acceptable) 417 W. SUGARLAND HWY City CLEWISTON FL Zip Code 33440	
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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 Joanne M. Abel Signature, typed or printed name of registered agent and title if applicable	PRESIDENT (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ABEL, JOANNE M 410 CR 720 CLEWISTON FL 33440	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 N. FRANCISCO #122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete FOX, LORI 410 CR 720 CLEWISTON FL 33440	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1723 JOHN ROAD
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
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
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
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 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: Joanne M. Abel SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE Daytime Phone #
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