

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 SEP -8 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08212008 Chg-P CR2E034 (12/06)

DOCUMENT # P00000069721			
1. Entity Name POOLS, PATIOS AND MORE, INC.			
Principal Place of Business 810 SOUTH SAN PEDRO CLEWISTON, FL 33440		Mailing Address P.O. BOX 186 CLEWISTON, FL 33440	
2. Principal Place of Business - No P.O. Box # 405 W. Avenida del Rio		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clewiston, FL		City & State	
Zip 33440	Country USA	Zip	Country
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 MCGAHEE, MELANIE A ATT 417 W. SUGARLAND HWY CLEWISTON, FL 33440		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 ABEL, JOANNE M 500 N. FRANCISCO #122 CLEWISTON, FL 33440 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Keith D. Thomas 405 W. Avenida del Rio Clewiston, FL 33440 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, LORI 1723 JOHN ROAD CLEWISTON, FL 33440 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YPS Lisa G. Thomas 405 W. Avenida del Rio Clewiston, FL 33440 <input type="checkbox"/> Change <input checked="" 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 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:		08-22-2008 (863) 228-6714	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		VICE PRESIDENT	