


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000104952</b> 1. Entity Name CITRUS POOL REMODELING, INC.	
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Principal Place of Business 1245 E NORVELL BRYANT HWY HERNANDO, FL 34442	Mailing Address 1245 E NORVELL BRYANT HWY HERNANDO, FL 34442
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01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1058965	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

REBEOR, DOUGLAS  
8073 HOMOSASSA TRAIL  
HOMOSASSA SPRINGS, FL 34446

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REBEOR, DOUGLAS 8073 HOMOSASSA TRAIL HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES REBEOR, DOUGLAS PRES 8073 HOMOSASSA TRAIL HOMOSASSA SPRINGS, FL 34446
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U00000750466  
05/18/07-80062-024 150.00

**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

4/24/07 352  
344-4861  
Date Daytime Phone #