

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90013 013 \*\*\*150.00

<b>DOCUMENT # P00000104952</b> 1. Entity Name <b>CITRUS POOL REMODELING, INC.</b>			
Principal Place of Business <b>1245 E NORVELL BRYANT HWY HERNANDO FL 34442</b>		Mailing Address <b>1245 E NORVELL BRYANT HWY HERNANDO FL 34442</b>	
2. Principal Place of Business - No P.O. Box # <b>3858 E GULF TO LAKE HWY</b> Suite, Apt. #, etc.		3. Mailing Address <b>3858 E GULF TO LAKE HWY</b> Suite, Apt. #, etc.	
City & State <b>INVERNESS FL</b> Zip <b>34453</b>		City & State <b>INVERNESS FL</b> Zip <b>34453</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-1058965</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>REBEOR, DOUGLAS 8073 HOMOSASSA TRAIL HOMOSASSA SPRINGS FL 34446</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and the filer. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>REBEOR, DOUGLAS</b> STREET ADDRESS <b>8073 HOMOSASSA TRAIL</b> CITY-ST-ZIP <b>HOMOSASSA FL 34446</b>	TITLE <b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>CITY-ST-ZIP</b>	TITLE <b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>CITY-ST-ZIP</b>	
TITLE <b>PRES</b> <input type="checkbox"/> Delete NAME <b>REBEOR, DOUGLAS PRES</b> STREET ADDRESS <b>8073 HOMOSASSA TRAIL</b> CITY-ST-ZIP <b>HOMOSASSA SPRINGS FL 34446</b>	TITLE <b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>CITY-ST-ZIP</b>	TITLE <b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>CITY-ST-ZIP</b>	
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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.			
<b>SIGNATURE:</b>		Date <b>2-21-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>352-628-1158</b>	