

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90018 022 ***158.75

DOCUMENT # P00000114751

1. Entity Name
LEESURE WATER POOLS, INC.



Principal Place of Business
**6009 BUSINESS BLVD.
SARASOTA, FL 34240**

Mailing Address
**6009 BUSINESS BLVD.
SARASOTA, FL 34240**



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1061630

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SABA, RICHARD D ESQ.
2033 MAIN STREET
SUITE 303
SARASOTA, FL 34237**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WETHERINGTON, LEE
STREET ADDRESS	6009 BUSINESS BLVD.
CITY-STATE-ZIP	SARASOTA, FL 34240
TITLE	PC
NAME	WETHERINGTON, LELAND C
STREET ADDRESS	6009 BUSINESS BLVD
CITY-STATE-ZIP	SARASOTA, FL 34240
TITLE	VST
NAME	DAVIE, CECELIA
STREET ADDRESS	6009 BUSINESS BLVD
CITY-STATE-ZIP	SARASOTA, FL 34240
TITLE	V
NAME	HAGER, WILLIAM B
STREET ADDRESS	6009 BUSINESS BLVD
CITY-STATE-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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

2-27-08

Date

(941) 922-3480

Daytime Phone #