

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000009462**

1. Entity Name  
T.L. ZIEL POOLS, INC.



Principal Place of Business  
2060 NE 62 CT  
FORT LAUDERDALE, FL 33308 US

Mailing Address  
2060 NE 62 CT  
FORT LAUDERDALE, FL 33308 US



01152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                                                                 |                               |
|-------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>65-1079227                                                                     | Applied For<br>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**

ZIEL, TED  
2060 NE 62ND CT  
FORT LAUDERDALE, FL 33308

**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 \_\_\_\_\_ (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**

U000000919128  
02/15/08-80070-022 150.00

**10. OFFICERS AND DIRECTORS**

|                                                |                                                                |
|------------------------------------------------|----------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ZIEL, TED<br>2060 NE 62ND CT<br>FORT LAUDERDALE, FL 33308 |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in 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 been 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 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:** Ted Ziel *TJH*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 15, 2008 (954) 491-3601

Date Daytime Phone #