

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # P01000016777**

1. Entity Name  
**MORNINGSIDE POOLS, INC.**



Principal Place of Business  
**1768 SE PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952**

Mailing Address  
**1768 SE PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952**



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1092993**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fees Required**

6. Name and Address of Current Registered Agent

**DE TURA, FIONA  
2105 SE HARDING STREET  
PORT ST. LUCIE, FL 34952**

**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 PD  
NAME DE TURA, FIONA  
STREET ADDRESS 2105 SE HARDING STREET  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE V  
NAME DETURA, FRANK  
STREET ADDRESS 2105 SE HARDING STREET  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE T  
NAME FIONA, DETURA  
STREET ADDRESS 2105 SE HARDING STREET  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE S  
NAME DETURA, FRANK  
STREET ADDRESS 2105 HARDING STREET SE  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000774256  
01/07/08-80007-013 150.00

**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

**FRANK DE TURA**

Date

Daytime Phone #

**1-4-08 772-337-7151**