

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000018857

Entity Name: WILSON POOLS, INC.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

1465 KENMORE STREET
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

P.O. BOX # 494916
PORT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: 65-1081877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, W. ADAM
1465 KENMORE STREET
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILSON, W. ADAM
Address: 1465 KENMORE STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. ADAM WILSON

PRES

01/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date