

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000025325

Entity Name: CLASSON POOLS, INC.

FILED
Mar 15, 2006
Secretary of State

Current Principal Place of Business:

426 SE 18TH ST.
CAPE CORAL, FL 33990

New Principal Place of Business:

426 SE 18TH ST.
CAPE CORAL, FL 33990 US

Current Mailing Address:

426 SE 18TH ST.
CAPE CORAL, FL 33990

New Mailing Address:

PO BOX 151727
CAPE CORAL, FL 33915 US

FEI Number: 65-1100876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLASSON, DOLORES M
426 SE 18TH ST.
CAPE CORAL, FL 33990 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: P () Delete
Name: CLASSON, DOLORES M
Address: 426 SE 18TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: VP () Delete
Name: CLASSON, ALAN C
Address: 426 SE 18TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: S () Delete
Name: CLASSON, DOLORES M
Address: 426 SE 18TH STREET
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DOLORES M CLASSON

P

03/15/2006

Electronic Signature of Signing Officer or Director

Date