


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P01000025325 1. Entity Name CLASSON POOLS, INC.	
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Principal Place of Business 426 SE 18TH ST. CAPE CORAL, FL 33990 US	Mailing Address PO BOX 151727 CAPE CORAL, FL 33915 US
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DO NOT WRITE IN THIS SPACE



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1100876	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLASSON, DOLORES M
426 SE 18TH ST.
CAPE CORAL, FL 33990**

**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 *Dolores M Classon* U000000762221
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 05/25/07-05/25/07 (2015).00
DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLASSON, DOLORES M 426 SE 18TH STREET CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLASSON, ALAN C 426 SE 18TH STREET CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLASSON, DOLORES M 426 SE 18TH STREET CAPE CORAL, FL 33990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Dolores M Classon* **5/01/2007** **239-458-1908**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #