

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000025325

Entity Name: CLASSON POOLS, INC.

FILED
Apr 30, 2010
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 151727
CAPE CORAL, FL 33915 US

New Mailing Address:

FEI Number: 65-1100876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM, INC.
813 DELTONA BLVD.
STE A
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

CLASSON, DOLORES M PRES
426 SE 18TH STREET
CAPE CORAL, FL 33990 US

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: DOLORES M CLASSON

04/30/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: CLASSON, DOLORES M PRES
Address: 426 SE 18TH STREET
City-St-Zip: CAPE CORAL, FL 33990 US

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

Title: T
Name: CLASSON, DOLORES M T
Address: 426 SE 18TH STREET
City-St-Zip: CAPE CORAL, FL 33990 US

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

I hereby 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 all other like empowered.

SIGNATURE: DOLORES M CLASSON

PRES

04/30/2010

Electronic Signature of Signing Officer or Director

Date