2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# P01000025325

Entity Name: CLASSON POOLS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

735 NE 19TH PLACE
UNIT #10
CAPE CORAL, FL 33909 US

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:

CLASSON, DOLORES M PRES
426 SE 18TH STREET
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

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 02/17/2011

Electronic Signature of Signing Officer or Director Date