

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000025575

1. Entity Name  
VIP POOLS, INC.



Principal Place of Business  
6603-1ST STREET WEST  
BRADENTON, FL 34207

Mailing Address  
6603-1ST STREET WEST  
BRADENTON, FL 34207

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**



01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1088357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

PYLE, GARY  
6603-1ST STREET WEST  
BRADENTON, FL 34207

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PYLE, GARY R 6603-1ST STREET WEST BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O PYLE, MELANIE R OFFICER 6603-1ST STREET WEST BRADENTON, FL 34207
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U000000698696  
04/19/07-80013-004 150.00

**DO NOT WRITE  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #