

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032853

FILED
Apr 23, 2007
Secretary of State

Entity Name: JAMAICAN POOLS OF FLORIDA, INC.

Current Principal Place of Business:

8380 WINGATE DRIVE
#613
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 488
OSPREY, FL 34229

New Mailing Address:

8380 WINGATE DRIVE
#613
SARASOTA, FL 34238

FEI Number: 65-1091632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEBLANC, ROBERT J
8380 WINGATE DRIVE
#613
SARASOTA, FL 34238 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: PRES () Delete
Name: LEBLANC, ROBERT J
Address: 8380 WINGATE DR #613
City-St-Zip: SARASOTA, FL 34238

Title: SECY (X) Delete
Name: LEBLANC, RENAE M
Address: 368 PINE RANCH EAST RD
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT J. LEBLANC

PRRE

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date