

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000083705	
1. Entity Name CUSTOM POOL FINISHERS, INC.	

Principal Place of Business 1298 MARKET CIRCLE #1-B PORT CHARLOTTE, FL 33953	Mailing Address 17459 INGLEWOOD AVE PORT CHARLOTTE, FL 33454
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
2007 NOV 13 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11062007 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KELLER, RONNIE G 6509 MONMOUTH ROAD WEST PALM BEACH, FL 33413		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 *Ronnie G Keller* DATE 11-8-07

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERRETTE, JOHN 2057 BENDIX TERR. NORTH PORT, FL 34286 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Verratte, John 17459 Inglewood Ave Port Charlotte, FL 33454 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, ERIC 5936 HILLSBOROUGH BLVD. NORTH PORT, FL 34288 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200112242582 11/13/07--01073--014 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KELLAR, RONNIE G 6509 MONMOUTH ROAD WEST PALM BEACH, FL 33413 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Ronnie G Keller* DATE 11-8-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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