

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90072 016 ***150.00

DOCUMENT # P01000105993 1. Entity Name J I POOLS, INC.			
Principal Place of Business 6235 TAYLOR ROAD NAPLES, FL 34109		Mailing Address 6235 TAYLOR ROAD NAPLES, FL 34109	
2. Principal Place of Business 105 16TH ST SE Suite, Apt. #, etc.		3. Mailing Address 105 16TH ST SE Suite, Apt. #, etc.	
City & State NAPLES, FLORIDA Zip 34117 Country		City & State NAPLES FL Zip 34117 Country	
4. FEI Number 65-1148275		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IRIZARRY, MARCIAL J 6235 TAYLOR ROAD NAPLES, FL 34109 <i>Address change only</i>		7. Name and Address of New Registered Agent Name MARCIAL J IRIZARRY Street Address (P.O. Box Number is Not Acceptable) 105 16TH ST SE City NAPLES FL Zip Code 34117	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD NAME IRIZARRY, MARCIAL J STREET ADDRESS 6235 TAYLOR ROAD CITY-ST-ZIP NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE PSTD NAME IRIZARRY, MARCIAL J. STREET ADDRESS 105 16TH ST SE CITY-ST-ZIP NAPLES, FL 34117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE C NAME VITIELLO, LOUIS STREET ADDRESS 229 MADISON DR CITY-ST-ZIP NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME PISCIOTTA, WILLIAM STREET ADDRESS 5970 16TH AVE NW CITY-ST-ZIP NAPLES, FL 34101	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME IRIZARRY, KRISTA STREET ADDRESS 6235 TAYLOR ROAD CITY-ST-ZIP NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE S NAME IRIZARRY, KRISTA STREET ADDRESS 105 16TH ST SE CITY-ST-ZIP NAPLES FL 34117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-07-2006 2394347200 <small>Date Daytime Phone #</small>	