

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000012031**

1. Entity Name  
CRYSTAL KOOL POOLS, INC.



Principal Place of Business  
1147 NE 17TH ROAD  
OCALA, FL 34470

Mailing Address  
1147 NE 17TH ROAD  
OCALA, FL 34470



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 90-0009127	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**

KESSEL, RON  
1147 NE 17TH ROAD  
OCALA, FL 34470

**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 re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	DP
NAME	KESSEL, RON
STREET ADDRESS	10740 NE HWY 314
CITY-ST-ZIP	SILVER SPRINGS, FL 34488

TITLE	DST
NAME	KESSEL, PAT
STREET ADDRESS	10740 NE HWY 314
CITY-ST-ZIP	SILVER SPRINGS, FL 34488

TITLE	DV
NAME	KESSEL, SCOTT
STREET ADDRESS	2300 SE 51ST AVE
CITY-ST-ZIP	OCALA, FL 34471

TITLE	DV
NAME	KESSEL, RANDEL
STREET ADDRESS	3 HICKORY TRACK PASS
CITY-ST-ZIP	OCALA, FL 34472

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000581808  
01/11/07-80007-010 150.00

**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: Ronald Kessel Ronald Kessel 1/10/07 352-694-4019  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #