

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P02586

1. Entity Name
POOL WATER PRODUCTS (INC.)



Principal Place of Business
17872 MITCHELL AVE.
P.O. BOX 17359
IRVINE, CA 92623

Mailing Address
17872 MITCHELL AVE.
P.O. BOX 17359
IRVINE, CA 92713



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-2554413

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(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	CSD
NAME	ALLRED, ZELMA M.
STREET ADDRESS	17872 MITCHELL AVE
CITY- ST- ZIP	IRVINE, CA
TITLE	PDT
NAME	ALLRED, DEAN C.
STREET ADDRESS	17872 MITCHELL AVE
CITY- ST- ZIP	IRVINE, CA
TITLE	D
NAME	STARR, CAROL A.
STREET ADDRESS	17872 MITCHELL AVE
CITY- ST- ZIP	IRVINE, CA
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000673675
03/29/07-80037-021 150.00

**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 #

Zelma M. Allred 1/22/07 (949) 726-1666