


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000034742 1. Entity Name <b>POOL DOCTORS OF ST. LUCIE, INC.</b>	
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Principal Place of Business <b>5801 N.W. BASSWOOD ST.          PORT ST. LUCIE, FL 34986</b>	Mailing Address <b>5801 N.W. BASSWOOD ST.          PORT ST. LUCIE, FL 34986</b>
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02062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>80-0060507</b>	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

**SAMUEL G DAVIS & ASSOCIATES INC  
 PO BOX 880577  
 PORT ST. LUCIE, FLORIDA, FL 34988-0577**

**DO NOT WRITE IN THIS SPACE**

8. The above named entry 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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000883907  
 04/22/08-80073-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES IURILLI, THOMAS G 5801 N.W. BASSWOOD ST. PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IURILLI, RENEE 5801 N.W. BASSWOOD ST. PORT ST. LUCIE, FL 34986
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**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 another like empowered.

SIGNATURE: *Thomas Jurilli* **THOMAS IURILLI** 4/1/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #