

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090355

Entity Name: HOT POOLS INC.

FILED  
Apr 06, 2009  
Secretary of State

## Current Principal Place of Business:

2437 SUGARLOAF LANE  
FT LAUDERDALE, FL 33312

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 120488  
FT LAUDERDALE, FL 33312

## New Mailing Address:

FEI Number: 72-1570134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CRAWFORD, MYRON R  
2437 SUGARLOAF LANE  
FT LAUDERDALE, FL 33312 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: CRAWFORD, MARCI  
Address: 2437 SUGARLOAF LANE  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: P ( ) Delete  
Name: CRAWFORD, MYRON R  
Address: 2437 SUGARLOAF LANE  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: CRAWFORD, BASIL E  
Address: 16603 OLD CABIN PLACE  
City-St-Zip: ACCOKEEK, MD 20607

Title: D ( ) Delete  
Name: ELGIN, JOAN W  
Address: 6613 NORTHGATE PARKWAY  
City-St-Zip: CLINTON, MD 20735

Title: T ( ) Delete  
Name: LABOMBARDA, FRANK  
Address: 9306 NW 66 COURT  
City-St-Zip: TAMARAC, FL 33321

Title: S ( ) Delete  
Name: LANOUILLE, SCOTT M  
Address: 6035 STRAWBERRY LAKE CIRCLE  
City-St-Zip: LAKEWORTH, FL 33463

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CRAWFORD, IVY C  
Address: 16603 OLD CABIN PLACE  
City-St-Zip: ACCOKEEK, MD 20607

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRON R. CRAWFORD

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date