

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000098278

1. Entity Name
MAGIC POOL DEVELOPERS, INC.



Principal Place of Business

Mailing Address

~~590 RINEHART RD.~~ 360 GOLD STONE CIR
LAKE MARY, FL 32746

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LAKE MARY, FL 32746

FILED

07 SEP 21 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAGIC POOL & SPAS
~~590 RINEHART RD.~~ 360 GOLD STONE CIR
LAKE MARY, FL 32746

**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 *Thomas M. Mullen*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/1/07

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME MULLEN, THOMAS M
STREET ADDRESS ~~590 RINEHART RD.~~ 360 GOLD STONE CIR
CITY - ST - ZIP LAKE MARY, FL 32746

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09/21/07--01055--001 **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: *Thomas M. Mullen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/07

321-303-2680

Date

Daytime Phone #