2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114268

City-St-Zip:

NEWBERRY, FL 32669

Entity Name: PARADISE POOL COMPANY OF GAINESVILLE

FILED Apr 18, 2008 Secretary of State

LINKY NAME: PARADISE FOOL CONFANT OF GAINESVILLE					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
18308 SW NEWBERF	15TH AVE RY, FL 32669				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
18308 SW NEWBERF	15TH AVE RY, FL 32669				
FEI Number: 73-1681858 FEI Number Applied For ()		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
ALL FLORIDA FIRM, INC 813 DELTONA BLVD, SUITE A DELTONA, FL 32725 US			18308 SW 15TH AVENU	SOLBERG, THOMAS D P 18308 SW 15TH AVENUE NEWBERRY, FL 32669 US	
The above in the State		submits this statement for the pu	urpose of changing its registered of	office or registered agent, or both,	
SIGNATURE: THOMAS D. SOLBERG				04/18/2008	
	Electror	nic Signature of Registered Ager	nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () SOLBERG, THO 18308 SW 15T NEWBERRY, F	H AVE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP () FRIIS, MICHAE 19843 NW CR HIGH SPRINGS	236	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	T () SOLBERG, RIC 18320 SW 15T		Title: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: THOMAS D. SOLBERG P 04/18/2008