

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122363

Entity Name: AFFORDABLE CUSTOM POOLS, INC.

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

15226 BAILEY HILL ROAD
BROOKSVILLE, FL 34614

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 10121
BROOKSVILLE, FL 34603

New Mailing Address:

FEI Number: 20-0378907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILCHRIST, THOMAS A
15226 BAILEY HILL RD.
BROOKSVILLE, FL 34614 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: PTD () Delete
Name: GILCHRIST, THOMAS A
Address: 15226 BAILEY HILL ROAD
City-St-Zip: BROOKSVILLE, FL 34614

Title: VSD () Delete
Name: GILCHRIST, GAIL M
Address: 15226 BAILEY HILL ROAD
City-St-Zip: BROOKSVILLE, FL 34614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: THOMAS A. GILCHRIST

PTD

01/03/2007

Electronic Signature of Signing Officer or Director

Date