## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 15, 2007 08:00 AM **DOCUMENT # P03000124805 Secretary of State** RHINELAND POOLS AND SPAS, INC. Principal Place of Business Mailing Address 2459 CHENEY HWY. 2459 CHENEY HWY. #78 TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 No Chg-P CR2E034 (11/05) 01082007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3133689 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PERGERSON, JENNIFER L DO NOT WRITE 6845 SANDHILL DR. COCOA, FL 32927 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. Signature, lyned or normal name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS SEC GARDNER, JENNIFER L NAME STREET ADDRESS 6845 SANDHILL DRIVE CITY-ST-ZIP COCOA, FL 32927 **PRES** TITLE GARDNER, RICHARD D NAME U00000667370 03/26/07-80025-021 150.0D STREET ADDRESS 6845 SANDHILL DRIVE CITY-ST-ZIP COCOA, FL 32927 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TIFLE
NAME
STREET ADDRESS

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3-12-07

321-269-8887

Daytime Phone #

**FILED**