


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2007 8:00 am**  
**Secretary of State**

05-31-2007 90001 003 \*\*\*150.00

<b>DOCUMENT # P03000133382</b> 1. Entity Name <b>SOUTHLAND POOLS, INC.</b>					
Principal Place of Business <b>4333 BARCLAY PL</b> <b>PACE, FL 32571 US</b>			Mailing Address <b>4333 BARCLAY PL</b> <b>PACE, FL 32571 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number <b>02-0710732</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>SPORT, JILL B</b> <b>5060 WOODBINE ROAD</b> <b>PACE, FL 32571</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>CAWTHON, JAMES R</b> <b>4333 BARCLAY PL</b> <b>PACE, FL 32571</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, ROBERT</b> <b>4333 BARCLAY PL</b> <b>PACE, FL 32571</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: <i>James R Cawthon</i> JAMES R CAWTHON</b>					
Date <b>5-17-07</b> Daytime Phone # <b>850-994-0244</b>					

ATTACHMENT

40119148

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TO WHOM IT MAY CONCERN.

I AM SORRY FOR BEING LATE WITH MY  
ANNUAL REPORT FEE, I TRIED FOR DAYS  
TO DO THIS ONLINE, AND CALLED SEVERAL  
TIMES, I COULD NOT GET THROUGH.

PLEASE WAIVE THE 400.00 LATE FEE.

IM IN THE POOL BOSSINESS AND WORK  
HAS BEEN NEXT TO NOTHING.

THANKYOU!

JAMES R CAWTHON