2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P03000133382

1. Entity Name



FILED May 15, 2008 8:00 am Secretary of State 05-15-2008 90031 017 ***150.00

SPORT, JILL B SOO WOODBINE ROAD PACE FL 32571 Sinest Address of registered Agent SIGNATURE STORMAND FROM SIGNATURE STORMS STORMAND ACCEPTABLE STORMAND STO	SOUTHLAND POOLS, INC.										
Suits, Apil. P. Bio. City & State City & S	4333 BARCLAY PL PACE FL 32571		4333 BARCLAY PL PACE FL 32571								
City & State SPORT, JILL B SO60 WOODBINE ROAD PACE FL 32571 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or colls, in the State of Florida. I am familiar with, and acceptable in the chigalians of registered agent. Signature Signature After May 1, 2008 Fee Will Be \$550.00 After May 1, 2008 Fee Will Be \$550.00 After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 11 DP OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 11 DP OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 11 DP OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 11 DP OFFICERS AND DIRECTORS IN 11 TILE DP OFFICERS AND DIRECTORS IN 11 TILE DRAW ASSA BARCLAY PL OTH SIZE DRAW AND IS DIRECTORS TILE NAME SIZE AND IS DIRECTED. Delive And Make SIZE AND IS DIRECTED. Delive TILE NAME SIZE AND IS DIRECTED. Delive And Make SIZE AND IS DIRECTED. Delive TILE NAME SIZE AND IS DIRECTED. Delive And Make SIZE AND IS DIRECTED. Delive SIZE AND IS DIRECTED. Delive SIZE AND IS DIRECTED. Delive	2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Zp Country Zip Country S. Certificate of Status Desired S.75 Additional Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required SPORT, JILL B 5060 WOODBINE ROAD PACE FL 32571 City FL Zp Code S. The above named entity submits this statement for the purpose of changing its registered agent, or poin, in the State of Ricrick. I am familiar with, and accentification of registered agent, or poin, in the State of Ricrick. I am familiar with, and accentification of registered agent, or poin, in the State of Ricrick. I am familiar with, and accentification of registered agent, or poin, in the State of Ricrick. I am familiar with, and accentification of registered agent, or poin, in the State of Ricrick. I am familiar with, and accentification of registered agent, or poin, in the State of Ricrick. I am familiar with, and accentification of registered agent, or poin, in the State of Ricrick. I am familiar with, and accentification of registered agent, or point, in the State of Ricrick. I am familiar with, and accentification of registered agent, or point, in the State of Ricrick. I am familiar with, and accentification of registered agent, or point, in the State of Ricrick. I am familiar with, and accentification of registered agent, or point, in the State of Ricrick. I am familiar with, and accentification of registered agent, or point, in the State of Ricrick. I am familiar with, and accentification of registered agent, or point, in the State of Ricrick. I am familiar with, and accentification of registered agent, or point, in the State of Ricrick. I am familiar with, and accentification of Ricrick. I am familiar with, and accentification or registered agent, or point, in the State of Ricrick. I am familiar with, and accentification or registered agent, or point, in the State of Ricrick. I am familiar with, and accentification or registered agent, or point, in the State of Ricrick. I am familiar with, and accentification or registered agent, or point, in	Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)					
SPORT, JILL B 5060 WOODBINE ROAD PACE FL 32571 City FL Zip Code 8. The above duried entity submits this statement for the purpose of changing its registered agent, or costs, in the State of Florida. I am familiar with, and accented the obligations of registered agent, or costs, in the State of Florida. I am familiar with, and accented the obligations of registered agent, or costs, in the State of Florida. I am familiar with, and accented the obligations of registered agent, or costs, in the State of Florida. I am familiar with, and accented the obligations of registered agent, or costs, in the State of Florida. I am familiar with, and accented the obligations of registered agent, or costs, in the State of Florida. I am familiar with, and accented the obligations of registered agent, or costs, in the State of Florida. I am familiar with, and accented the obligations of registered agent, or costs, in the State of Florida. I am familiar with, and accented the obligations of registered agent, or costs, in the State of Florida. I am familiar with, and accented the obligations of registered agent, or costs, in the State of Florida. I am familiar with, and accented the obligations of registered agent, or costs, in the State of Florida. I am familiar with, and accented the obligations of registered agent, or costs, in the State of Florida. I am familiar with, and accented the obligations of registered agent, or costs, in the State of Florida. I am familiar with, and accented the obligations of registered agent, or costs, in the State of Florida. I am familiar with, and accented the obligations of registered agent, or costs, in the State of Florida. I am familiar with, and accented the obligations of registered agent, or costs, in the State of Florida. I am familiar with, and accented the obligations of registered agent, or costs, in the State of Florida. I am familiar with, and accented the obligations of registered agent, or costs, in the State of Florida. I am familiar with, and accented the obligations of regist	City & State		City & State		4. F	4. FEI Number 02-0710732			Applied For Not Applicable		
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SPORT, JILL B 5060 WOODBINE ROAD PACE FL 32571 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to tregistered agent. SIGNATURE Signature		6. Name and Address of Current	Registered Agent		7. 1	iame and	i Address of New Regis	tered Ager	nt		
SITE ADDRESS AND DIRECTORS IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER ADDRESS ADDR					Name						
8. The access named entity submits this statement for the purpose of changing its registered agent, or coth, in the State of Florida. I am familiar with, and access the obligations of registered agent. SIGNATURE Submits back or preced agent of the purpose of changing its registered agent, or coth, in the State of Florida. I am familiar with, and access the obligations of registered agent, or coth, in the State of Florida. I am familiar with, and access the obligations of registered agent, or coth, in the State of Florida. I am familiar with, and access the obligations of registered agent, or coth, in the State of Florida. I am familiar with, and access the obligations of registered agent, or coth, in the State of Florida. I am familiar with, and access the obligations of registered agent, or coth, in the State of Florida. I am familiar with, and access the obligations of registered agent, or coth, in the State of Florida. I am familiar with, and access the obligations of registered agent, or coth, in the State of Florida. I am familiar with, and access the obligations of registered agent, or coth, in the State of Florida. I am familiar with, and access the obligations of registered agent, or coth, in the State of Florida. I am familiar with, and access the obligations of Florida. I am familiar with, and access the obligations of Florida. I am familiar with, and access the obligations of Florida. I am familiar with, and access the obligations of Florida. I am familiar with, and access the following the familiar with, and access the following the familiar with, and access the following the familiar with, and access the familia	5060	O WOODBINE ROAD	Street Address		ress (P.O. B	(P.O. Box Number is Not Acceptable)					
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SIGNATURE Synchrote book or preved learned integrated department of the learned learned and prevention of the learned l		• 1		City				FL	Zip Code	•	
Synghology File NOW!!! FEE S S S S S S S S S			or the purpose of changing its regi	istered office or re	gistered ag	ent, or co	oth, in the State of Florida	. I am fami	liar with,	and accept	
After May 1, 2008 Fee Will Be \$550.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP	SIGNATURE .	Signature, lyped or presed name of registered eigen	tand the Enoploadio. (NOTE Reg	isinied Agentie ginatum	required when ro	oinetaking?		DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PACE FL 32571 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.0	0.5				, ,	C,			
NAME CAWTHON, JAMES R STREET ADDRESS CITY-ST-ZIP	10.	OFFICERS AND	DIRECTORS	11.	AD	DITIONS	/CHANGES TO OFFICER	RS AND DIE	RECTORS	3 IN 11	
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NAME	NAME STREET ADDRESS	BROWN, ROBERT 4333 BARCLAY PL	Ģ Deiete	NAME STREET ADDRESS	ONGER	2 DAG	T OF SOUTHLE	_	Change	☐ Addition	
NAME	NAME STREET ADDRESS		Check	NAME STREET ADDRESS			_		Change	☐ Addition	
NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADORESS		☐ Delete	NAME STREET ADDRESS					Change	☐ Addition	
	NAME Street address		☐ Deiele	NAME STREET ADDRESS					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP			HAME STREET ADDRESS CHY-ST-ZIP						Addition	

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:

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR