

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # P03000144891

1. Entity Name

LAGOON POOLS OF POLK COUNTY, INC.



Principal Place of Business

**159 AUDUBON COURT
WINTER HAVEN, FL 33884 US**

Mailing Address

**159 AUDUBON COURT
WINTER HAVEN, FL 33884 US**



04232008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0505432

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LIBERATORE, JOSEPH
159 AUDUBON COURT
WINTER HAVEN, FL 33884**

**DO NOT WRITE
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LIBERATORE, JOSEPH
STREET ADDRESS	159 AUDUBON COURT
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	VP
NAME	LIBERATORE, SCOTT
STREET ADDRESS	2586 SUN ACRES BLVD.
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: JOSEPH LIBERATORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-08