


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000150233		
1. Entity Name FLORIDA POOL SYSTEMS, INC		

FILED

2007 OCT 12 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 7770 NW 79 AVE E3 TAMARAC, FL 33321	Mailing Address 7770 NW 79 AVE E3 TAMARAC, FL 33321
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2. Principal Place of Business - No P.O. Box # 13657 ANDOVA DR.	3. Mailing Address P.O. BOX 3952
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10092007 Chg-P CR2E034 (12/06)

City & State LARGO FL.	City & State SEMINOLE FL.
Zip 33774	Zip 33772
Country PINELLAS	Country

4. FEI Number 20-0477699	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  AGUIAR, ANGELA 7770 NW 79 AVE E3 TAMARAC, FL 33321	
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7. Name and Address of New Registered Agent Name <u>STORACE DUANE</u> Street Address (P.O. Box Number is Not Acceptable) <u>13657 ANDOVA DR</u> City <u>LARGO</u> FL <u>33774</u>	
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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 <u>DUANE STORACE</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>10-9-07</u> (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUIAR, ANGELA 7770 NW 79 AVE #E3 TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STORACE DUANE 13657 ANDOVA DR LARGO FL. 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. JILL STORACE 13657 ANDOVA DR LARGO FL. 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100111083381 10/22/07--01010--014 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>DUANE STORACE</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>10-9-07</u> Date	DAYTIME PHONE # Daytime Phone #
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