

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90018 019 ***150.00

DOCUMENT # P03000150639

1. Entity Name

PEARCE'S KRYSTAL KLEAR POOLS, INC.



Principal Place of Business
88 GUY STRICKLAND RD
CRAWFORDVILLE FL 32327

Mailing Address
88 GUY STRICKLAND RD
CRAWFORDVILLE FL 32327



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

51 River Plantation Rd

51 River Plantation Rd

City & State

City & State

Crawfordville, FL

Crawfordville, FL

Zip

Country

Zip

Country

32327

USA

32327

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3565157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEARCE, ARTHUR R
88 GUY STRICKLAND RD
CRAWFORDVILLE FL 32327

Name Timothy D. Pearce

Street Address (P.O. Box Number is Not Acceptable)

51 River Plantation Rd.

City Crawfordville

FL

Zip Code

32327

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 constituting)

DATE

2-13-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PEARCE, TIMOTHY
STREET ADDRESS 88 GUY STRICKLAND RD
CITY-STATE-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

TITLE V
NAME HARRELL, ERIKA J
STREET ADDRESS 88 GUY STRICKLAND RD
CITY-STATE-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME Pearce, Timothy
STREET ADDRESS 51 River Plantation Rd
CITY-STATE-ZIP Crawfordville, FL 32327 ☒ Change ☐ Addition

TITLE
NAME Pearce, Erika J
STREET ADDRESS 51 River Plantation Rd.
CITY-STATE-ZIP Crawfordville, FL 32327 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #