FILED May 02, 2008 8:00 am Secretary of State

ANNUAL REPORT	2008 FOR PROFIT CORPOR	ΑŢ	ION
	ANNUAL REPORT		

DOCUMENT # P0400009994						05-02-2008 90149 019 ***150.00					
Entity Name LAGASSE POOL CONSTRUCTION OF WEST FLORIDA INC.						; 					
Principal Plac	e of Busines	s	Mailing Address				4000	. -			
7725 235TH			7725 235TH STREET E	j				i.			
MYAKKA CITY			MYAKKA CITY, FL 3425			<i>.</i> .					
			(<u> </u>				II BEN SIGN SBN SSN SSN SS		19110-1911-015	11001 (1100)
				9							
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt.	# etc	, , , , , , , , , , , , , , , , , , , ,	Suite, Apt. #, etc.	<u> </u>							
Suite, Apr.	*, 6tc.		Julie, Apr. 4, etc.	1			04292008	Chg-P	CR2E034	J (12/06)	
City & Stat	e		City & State				4. FEI Numb	oer		TAD	plied For
							20-063	32537			t Applicable
Zip		Country	Zip	Cou	intry		5 Cortificate	of Status Desired	□ \$	8.75 Add	litional
							J. Certificate	9 01 518103 5631160	LJ Fe	e Required	đ
	6 Name	and Address of Current	Registered Agent	<u> </u>	N		7. Name and	d_Address of New I	Registered Ag	ent	
LAGASSE	DOBED.	TE	i i	Í	Name						
7725 235T	•		į		Street Ad	ddress (I	P.O. Box Numb	er is Not Acceptabl	e)		
MYAKKA (CITY, FL	34251	•	ļ							
		V 5		!							1
					City				FL	Zip Code	e
0 The											
	i named entit tions of regis		or the purpose of changing its	egiste	ered office or	register	ed agent, or bo	oth, in the State of Fi	orida. I am far	niliar with,	and accept
-	ŭ.	Ū									
SIGNATURE_	Signature typed	or printed name of registered again	and life if applicable (NOTE	Floarsto	rnd Agent signatu	re una vicad	when reinstating)		DATE		
			***************************************	,	-co rigoni signato	nu roquico	www.monadong)	1			
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Faes											
10.		OFFICERS AND	DIRECTORS	11			ADDITIONS	/CHANGES TO OF	FICERS AND D	RECTORS	S IN 11
TITLE	PSD	•	☐ Delete	Ţ III	LE				[Change	Addition
NAME		E, ROBERT F	Ę)/ NA	ME						-
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CITY-ST-ZIP	<u> </u>			ÇII	IY-ST-Z#P						
12. I hereby o	certify that th	e information supplied wit	h this filing does not qualify for strue and accurate and that if	the e	xemptions co	ontained	in Chapter 11	9, Florida Statutes.	I further certify	that the in	nformation
of the cor	poration or t	he receiver or trustee emp	owered to execute this report.	10, requ	uired by Cha	pter 607	, Florida Statut	es; and that my nan	ne appears in 6	3lock 10 or	Block 11 if
cnanged,	, or on an att	ν .	with all other like empowered,		1/1	0	,	1/201-0	A.11	12	اسرير
SIGNAT	URF.	Sebecca	dillane		V#	=	7	1/30/08	941-	424-	1665
J. J. 1711		SIGNATURE AND TYPED OR	DOINTED NAME OF SIGNING OFFICED	AP DIPE	CTOD			Data	D	time Dhone #	