


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90027 013 ***150.00

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|---|---|-----------------------------------|--|--|--|
| DOCUMENT # P04000015738 1. Entity Name POOL 4 U INC | | | |  | |
| Principal Place of Business 605 SE 20TH ST CAPE CORAL, FL 33990 US | | | Mailing Address 605 SE 20TH ST CAPE CORAL, FL 33990 US | | |
| 2. Principal Place of Business 4419 DEL PRADO BLVD | | 3. Mailing Address SAME | | | |
| Suite, Apt. #, etc. UNIT # 4 | | Suite, Apt. #, etc. | | | |
| City & State CAPE CORAL, FL | | City & State | | 4. FEI Number 20-0619256 | |
| Zip 33904 | | Country LEE | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HOTIC, ELDIN PRESIDE 605 SE 20TH ST CAPE CORAL, FL 33990 | | | 7. Name and Address of New Registered Agent Name THOMAS A. WANDERON Street Address (P.O. Box Number is Not Acceptable) 809 WALKERBILT ROAD City NAPLES FL Zip Code 34110 | | |
| 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <u><i>Eldin Hotic</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> 03-01-2006 <small>DATE</small> </div> </div> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGD HOTIC, ELDIN PRESIDE 605 SE 20TH ST CAPE CORAL, FL 33990 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHANE McLEMORE 7951 REFLECTION COVE, UNIT 108 FORT MYERS, FL 33907 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGD TURNADZIC, HURMO VICE PR 317 NE 19TH PL CAPE CORAL, FL 33909 <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 | |
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| 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><i>Eldin Hotic</i></u> ELDIN HOTIC | | | 03-01-2006 239/344-6542 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |