

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90148 042 ***150.00

DOCUMENT # P04000024877 1. Entity Name JSC POOLS, INC.			
Principal Place of Business 810 105TH AVENUE N NAPLES FL 34108		Mailing Address 810 105TH AVENUE N NAPLES FL 34108	
2. Principal Place of Business 810 105th Ave N.		3. Mailing Address 810 105th Ave N	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Naples, FL.		City & State Naples FL.	
Zip 34108		Zip 34108	
Country USA		Country USA	
4. FEI Number 52-2440397		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOMES, DONNA M 810 105TH AVENUE N NAPLES FL 34108		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SAME City FL Zip Code	
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><i>Donna Coomes</i></u> DATE <u>4-16-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	PTD COOMES, JEFFREY S 810 105TH AVENUE N NAPLES FL 34108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COOMES, DONNA M 810 105TH AVENUE N NAPLES FL 34108	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
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 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: <u><i>Donna Coomes</i></u> <u><i>Donna Coomes</i></u>		Date <u>4-16-06</u> Daytime Phone # <u>239-566-2508</u>	