

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90053 033 ***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 - No P.O. Box #

3507 Leeland Heights Blvd.
Blvd.

3. Mailing Address

3507 Leeland Heights Blvd.
Blvd.

1st MOORE

CR2E034 (10/06)

City & State

Lehigh Acres, FL.

City & State

Lehigh Acres, FL.

4. FEI Number

52-2440397

Applied For

Not Applicable

Zip

33972

Country

USA

Zip

33972

Country

USA

5. Certificate of Status Desired ☐ \$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)

3507 Leeland Heights Blvd.

City

Lehigh Acres

FL

Zip Code

33972

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

Donna M. Coomes

Signature, typed or printed name of registered agent and title (applicable).

(NOTE: Registered Agent signature required when reinstating)

2-5-07

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
COOMES, JEFFREY S
810 105TH AVENUE N
NAPLES FL 34108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
COOMES, DONNA M
810 105TH AVENUE N
NAPLES FL 34108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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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:

Donna M. Coomes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-07

Date

239-368-9108

Daytime Phone #