


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2008 8:00 am
Secretary of State

08-29-2008 90001 012 ***150.00

DOCUMENT # P04000092138 1. Entity Name PELLS POOLS INC.	
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Principal Place of Business 2215 SW MANELE PLACE PALM CITY, FL 34990	Mailing Address 2215 SW MANELE PLACE PALM CITY, FL 34990
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DO NOT WRITE IN THIS SPACE



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1266983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PELLIGRINO, ANTHONY
2215 SW MANELE PLACE
PALM CITY, FL 34990

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PELLEGRINO, KATHLEEN 2215 SW MANELE PLACE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PELLEGRINO, ANTHONY 2215 SW MANELE PLACE PALM CITY, FL 34990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40114689

August 10, 2008

Florida Dept of State

RE: P04000092138

To Whom It May Concern:

I mailed in the original on 4/30/2008. I did not receive it back in the mail. Nor have you
Cashed the check. I have enclosed another check. Thank you .

Sincerely
Pells Pools Inc.

A handwritten signature in black ink, appearing to read 'Kathleen', followed by a long horizontal flourish.

Kathleen Pellegrino