## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # P04000098091



1. Entity Name GOOD TIME POOL, INC.

Principal Place of Business 1216 WEST LAKES DRIVE

SIGNATURE:

Mailing Address

1216 WEST LAKES DRIVE DEEREIELD BOH EL 33442

**FILED** Feb 23, 2007 8:00 am **Secretary of State** 

02-23-2007 90034 022 \*\*\*150.00

Daytime Phone #

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2. Principal Pi		3. Mailing Address 6888 GULIA GARDENS DRIVE											
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02172007	Chg-P	CR2E	E034 (12/06)		
City & State			City &	State				4. FEI Numb	er		Aı	oplied For	
	CREE	K, FL		UUT CREE	,			20-130	4216			ot Applicable	
Zip 33073	2	Country	Zip	073	Coun	try		5. Certificate	of Status Desi	red 🗌	\$8.75 Add Fee Require		
<u> </u>		and Address of Current				Ĭ		7. Name and	Address of N	ew Registere	d Agent		
NEVEC LEONADDO							Name						
NEVES, LEONARDO 1216 WEST LAKES DRIVE						Streat Address (P.O. Box Number is Not Acceptable)							
DEERFIELD BEACH, FL 33442													
						City Ta Zip Code							
										F	L Zip Cod	е	
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													
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FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 7 Fee will be \$550.0	ncing		<b>00</b> May Be ed to Fees								
10. OFFICERS AND DIRECT				CTORS 11.				ADDITIONS	/CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 11	
TITLE	P			☐ Delete	TITLE						🔀 Change	☐ Addition	
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NAME		ANDREIA K			NAM	_		<i>a A</i>	60000	~.16 <b></b> 0	vic:		
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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 att	ne receiver or trustee emp achment with an address,	ith all othe	r like empowered	d.	agu by Chi	aptet 001	UIDIC BUILDI ; i	.05, and plat III)	, name appear	5 SIGON 10 0	. Dioore 11 II	

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR