# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P04000101368**

1. Entity Name
AMERICAN POOL FINISHERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6619 S 78 ST UNIT J<br>RIVERVIEW, FL 33569 | 6619 S 78 ST UNIT J<br>RIVERVIEW, FL 33569 |

**DO NOT WRITE IN THIS SPACE**

04302008    No Chg-P    CR2E034 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 56-2469520 | Not Applicable |

5. Certificate of Status Desired ☐    **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

### 6. Name and Address of Current Registered Agent

KRODEL, WILLIAM H
4437 CENTRAL AVE
ST PETERSBURG, FL 33713

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐    **$5.00** May Be Added to Fees

U00000947600
06/02/08-80021-015 150.00

## 10. OFFICERS AND DIRECTORS

| TITLE | DP |
|---|---|
| NAME | JACOBS-MCGOVERN, TRACY LEA |
| STREET ADDRESS | 1605 NORCREST CT. |
| CITY-ST-ZIP | BRANDON, FL 33510 |

| TITLE | D |
|---|---|
| NAME | JACOBS, JOHN TREVOR |
| STREET ADDRESS | 1605 NORCREST CT |
| CITY-ST-ZIP | BRANDON, FL 33510 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
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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: *Tracy Lea Jacobs McGovern*    Tracy Lea Jacobs-McGovern    (813) 341-Pool
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #
4/30/08