

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111063

FILED
Feb 17, 2009
Secretary of State

Entity Name: PICK YOUR POOL COMPANY, INC.

Current Principal Place of Business:

101 DUNCAN TRAIL
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 520073
LONGWOOD, FL 32752 US

New Mailing Address:

FEI Number: 30-0294383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOVONI & ASSOCIATES, INC.
505 AVENUE A, NW
SUITE 102
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

PICKLES, STEVEN J MR
101 DUNCAN TRAIL
LONGWOOD, FL 32779 US

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.

SIGNATURE: S, J, PICKLES

02/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PICKLES, STEVEN J
Address: 101 DUNCAN TRAIL
City-St-Zip: LONGWOOD, FL 32779 UK

Title: D () Delete
Name: PICKLES, LINDA M
Address: 101 DUNCAN TRAIL
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S, J, PICKLES

MR

02/17/2009

Electronic Signature of Signing Officer or Director

Date