

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000112378

1. Entity Name
PIP'S POOL, INC



Principal Place of Business
1973 HASTINGS DRIVE
CLEARWATER, FL 33763 US

Mailing Address
1973 HASTINGS DRIVE
CLEARWATER, FL 33763 US

DO NOT WRITE IN THIS SPACE

*#150⁰⁰
Andy Dunkap.
Never FILED per paper
Jul 17, 2008 08:00 AM
Secretary of State
post card in your way -
Was not notified*



07152008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1482927

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIPPIN, MATTHEW E
1973 HASTINGS DRIVE
CLEARWATER, FL 33763

**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

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

DATE

7/15/08

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000955492
07/17/08-80007-009 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
P/S
PIPPIN, MATTHEW E
STREET ADDRESS
1973 HASTINGS DRIVE
CITY-ST-ZIP
CLEARWATER, FL 33763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Overtime Phone #

7/15/08