

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000133834

Entity Name: LEE COUNTY POOLS, INC.

FILED
Apr 02, 2007
Secretary of State

Current Principal Place of Business:

3181 TRAIL DAIRY CIRCLE
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

204 KAMAL PARKWAY
CAPE CORAL, FL 33904

Current Mailing Address:

POST OFFICE BOX 315
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 01-0821488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENKE, MICHAEL
P.O. BOX 315
FORT MYERS, FL 33902 US

Name and Address of New Registered Agent:

ENKE, MICHAEL
204 KAMAL PARKWAY
CAPE CORAL, FL 33904 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: MICHAEL ENKE

04/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ENKE, MICHAEL R
Address: PO BOX 315
City-St-Zip: FORT MYERS, FL 33902

Title: VTD () Delete
Name: ENKE, TRICIA L
Address: PO BOX 315
City-St-Zip: FORT MYERS, FL 33902

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 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: MICHAEL ENKE

PSD

04/02/2007

Electronic Signature of Signing Officer or Director

Date