


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90103 028 \*\*\*150.00

<b>DOCUMENT # P04000137138</b>					
<b>1. Entity Name</b> GOOD LIFE POOLS AND SPAS, INC.					
<b>Principal Place of Business</b> PO BOX 266 JUPITER, FL 33458			<b>Mailing Address</b> PO BOX 266 JUPITER, FL 33458		
<b>2. Principal Place of Business - No P.O. Box #</b> 511 48th Street		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> West Palm Beach, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 81-0656384	
<b>Zip</b> 33407		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>Zip</b> 33468		<b>Country</b>		04192007    Chg-P    CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KESSLER, JAMES P 266 VILLAGE BLVD APT 6211 TEQUESTA, FL 33469			<b>Name</b> Kessler, James P.		
			<b>Street Address (P.O. Box Number is Not Acceptable)</b> 9021 SE Eldorado Way		
			<b>City</b> Hobe Sound		
			<b>FL</b> <b>Zip Code</b> 33455		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PST	<b>NAME</b> KESSLER, JAMES P		<b>TITLE</b>	<b>NAME</b> KESSLER, JAMES P	
<b>STREET ADDRESS</b> 166 VILLAGE BLVD, APT 6211	<b>CITY-ST-ZIP</b> TEQUESTA, FL 33469		<b>STREET ADDRESS</b> 9021 SE Eldorado Way	<b>CITY-ST-ZIP</b> Hobe Sound, FL 33455	
<b>TITLE</b> V	<b>NAME</b> KESSLER, BRIAN J		<b>TITLE</b>	<b>NAME</b> KESSLER, BRIAN J	
<b>STREET ADDRESS</b> 255 EVERIA ST, APT 513	<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401		<b>STREET ADDRESS</b> 511 48th Street	<b>CITY-ST-ZIP</b> West Palm Beach, FL 33407	
<b>TITLE</b> V	<b>NAME</b> KESSLER, DEBRA A		<b>TITLE</b>	<b>NAME</b> KESSLER, DEBRA A	
<b>STREET ADDRESS</b> 9 OLD BLOSSOM HILL RD	<b>CITY-ST-ZIP</b> LEBANON, NJ 08833		<b>STREET ADDRESS</b> 9021 SE Eldorado Way	<b>CITY-ST-ZIP</b> Hobe Sound, FL 33455	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>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.</b>					
<b>SIGNATURE:</b> _____ James P. Kessler			4/19/07    561-744-4646		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		