

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT #

1. Entity Name

PO4000146030
POOLE INDUSTRIES, INC.



FILED 192

2006 SEP 29 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO BOX 295

3. Mailing Address

PO BOX 295

REINSTATEMENT

06

Suite, Apt. #, etc.

7731 CAMP MACK RD

Suite, Apt. #, etc.

LAKE WALES FL

4. FEI Number

01-0822877

Applied For

Not Applicable

City & State

LAKE WALES FL

City & State

LAKE WALES FL

5. Certificate of Status Desired

33859 POLK

\$8.75 Additional

Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

SAMUEL E. POOLE JR

Street Address (P.O. Box Number is Not Acceptable)

7731 CAMP MACK RD

City

LAKE WALES FL 33859

8. The above named entity submits this state, * for the purpose of changing its registered office or registered agent, of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

SAMUEL E. POOLE JR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
SAMUEL E. POOLE JR
7731 CAMP MACK RD
LAKE WALES FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
600080274136
03/29/06--01012--005 **158.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SAMUEL E. POOLE JR 9/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

242

SAMUEL POOLE
POOLE INDUSTRIES INC
PO BOX 295
LAKE WALES FL 33859

Request taken by: rawoodall
07-10-2006

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

—Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

I DID NOT RECIEVE FORM TO
TIMELY FILE
CORPORATION HAS NOT HAD ANY ACTIVITY
TO DATE