

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED 192

2006 SEP 29 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO4000148030
 1. Entity Name
POOLE INDUSTRIES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business PO BOX 295 3. Mailing Address PO BOX 295
 Suite, Apt. #, etc. Suite, Apt. #, etc.
7731 CAMP MACK RD
 City & State LAKE WALES FL City & State LAKE WALES FL
 Zip 33859 Country FLORIDA Zip 33859 Country FLORIDA

REINSTATEMENT 06

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number 01-0822877 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 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 Zip 33859

8. The above named entity submits this statement 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 Samuel E. Poole Jr. DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<u>PRESIDENT SAMUEL E POOLE JR 7731 CAMP MACK RD LAKE WALES FL</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>600080274136 03/29/06--01012--005 **158.75</u>
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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 Date _____ Daytime Phone _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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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 RECEIVE FORM TO
TIMELY FILE
CORPORATION HAS NOT HAD ANY ACTIVITY
TO DATE