## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172065

Entity Name: THE POOL PEOPLE WEST, INC.

FILED Jan 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

25150 BERNWOOD DR, UNIT 9 25150 BERNWOOD DR BONITA SPRINGS, FL 34135

UNIT 9

BONITA SPRINGS, FL 34135 US

**Current Mailing Address:** New Mailing Address:

PO BOX 790

DEERFIELD BEACH, FL 33443 US

FEI Number: 52-2451166 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEAD, EDWARD C MEAD, EDWARD C 850 S. MILITARY TRAIL 850 S MILITARY TRAIL

DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 US 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: EDWARD C MEAD 01/27/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD CEOD () Delete Title: (X) Change ( ) Addition MEAD, EDWARD C Name: Name: MEAD, EDWARD C

25150 BERNWOOD DR, SUITE 1 25150 BERNWOOD DR, UNIT 9 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 US City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: () Delete Title: **TSDP** (X) Change ( ) Addition

BARRETT, WALTER B Name: BARRETT, WALTER B Name: 25150 BERNWOOD DR, SUITE 1 25150 BERNWOOD DR, UNIT 9 Address: Address: BONITA SPRINGS, FL 34135 US BONITA SPRINGS, FL 34135 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WALTER B BARRET **TSDP** 01/27/2009