
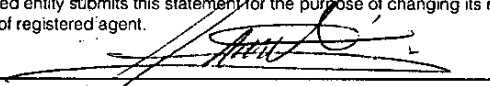


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90028 042 \*\*\*150.00

DOCUMENT # P05000053031					
1. Entity Name <b>A. AND R. POOL CORPORATION</b>					
Principal Place of Business <b>19 NE 9TH AVE CAPE CORAL, FL 33909</b>			Mailing Address <b>19 NE 9TH AVE CAPE CORAL, FL 33909</b>		
2. Principal Place of Business <b>1813 BOLADO PKWY</b>		3. Mailing Address <b>1813 BOLADO PKWY</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05162006    Chg-P    CR2E034 (11/05)	
City & State <b>CAPE CORAL FL</b>		City & State <b>CAPE CORAL FL</b>		4. FEI Number <b>20-2673955</b>	
Zip <b>33990</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PROCESI, AUGUSTO 19 NE 9TH AVE CAPE CORAL, FL 33909</b>		7. Name and Address of New Registered Agent Name <b>PROCESI AUGUSTO</b> Street Address (P.O. Box Number is Not Acceptable) <b>1813 BOLADO PKWY</b> City <b>CAPE CORAL</b> <b>FL</b> Zip Code <b>33990</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.					
SIGNATURE <b>X</b>  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>5/16/06</b>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PROCESI, AUGUSTO 19 NE 9TH AVE CAPE CORAL, FL 33909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PROCESI AUGUSTO 1813 BOLADO PKWY CAPE CORAL FL 33990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RODRIGUEZ, ELVIS 19 NE 9TH AVE CAPE CORAL, FL 33909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <b>X</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>5/16/06</b> Daytime Phone #	