

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000093727

Entity Name: QUALITY CUSTOM POOLS INC

**FILED**  
**Aug 12, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

6057 POMPANO STREET  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

6057 POMPANO STREET  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: 20-3097609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GONZALEZ, ABRAHAM  
6057 POMPANO STREET  
FT MYERS, FL 33919 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P,D ( ) Delete  
Name: ARANDA, JOSE  
Address: 6057 POMPANO ST  
City-St-Zip: FT MYERS, FL 33919

Title: VP,D ( ) Delete  
Name: GONZALEZ, ABRAHAM  
Address: 6057 POMPANO ST  
City-St-Zip: FT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P,D (X) Change ( ) Addition  
Name: GONZALEZ, ABRAHAM  
Address: 6057 POMPANO ST  
City-St-Zip: FT MYERS, FL 33919

Title: S,D (X) Change ( ) Addition  
Name: ARANDA, JOSE  
Address: 6057 POMPANO ST  
City-St-Zip: FT MYERS, FL 33919

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: ABRAHAM GONZALEZ

P,D

08/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date