


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000109543**

1. Entity Name  
**PROFESSIONAL PATIO AND POOL ENCLOSURES INC.**



Principal Place of Business      Mailing Address

8605 WESTVIEW LANE      8605 WESTVIEW LANE  
 PENSACOLA, FL 32514 US      PENSACOLA, FL 32514 US

**DO NOT WRITE IN THIS SPACE**



01132008 No Chg-P CR2E034 (11/05)

4. FEI Number      Applied For  
 14-1936098      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPRING, DALE R  
 8605 WESTVIEW LANE  
 PENSACOLA, FL 32514

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

1106000888971  
 04/21/08 00001 020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SPRING, DALE R
STREET ADDRESS	8605 WESTVIEW LANE
CITY-ST-ZIP	PENSACOLA, FL 32514
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	

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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: *[Signature]*      1-21-08      850-232-5987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #