

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132293

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** ELEGANT POOL DESIGN AND CONSTRUCTION INC.

**Current Principal Place of Business:**

100 2ND STREET  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 121742  
CLERMONT, FL 347121742

**New Mailing Address:**

**FEI Number:** 36-4580076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYNCH, HUGH  
100 2ND STREET  
WINTER GARDEN, FL 34787 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  
Name: LYNCH, HUGH  
Address: PO BOX 121742  
City-St-Zip: CLERMONT, FL 347121742

Title: VP  
Name: ROBERTS, MARGRET  
Address: PO BOX 121742  
City-St-Zip: CLERMONT, FL 347121742

Title: SEC  
Name: LYNCH, HUGH  
Address: PO BOX 121742  
City-St-Zip: CLERMONT, FL 347121742

Title: TREA  
Name: ROBERTS, MARGRET  
Address: PO BOX 121742  
City-St-Zip: CLERMONT, FL 347121742

Title: DIR  
Name: LYNCH, HUGH  
Address: PO BOX 121742  
City-St-Zip: CLERMONT, FL 347121742

Title: DIR  
Name: ROBERTS, MARGRET  
Address: PO BOX 121742  
City-St-Zip: CLERMONT, FL 347121742

I hereby 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 all other like empowered.

SIGNATURE: HUGH LYNCH

P

04/20/2011

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

\_\_\_\_\_  
Date