

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90099 033 \*\*\*150.00

<b>DOCUMENT # P05000134704</b> 1. Entity Name <b>POOL INTENTIONS, INC.</b>					
Principal Place of Business <b>4276 ENID LN NORTH PORT, FL 34288</b>			Mailing Address <b>4276 ENID LN NORTH PORT, FL 34288</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-3550167</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SMITH, JEFFERY S 4276 ENID LN NORTH PORT, FL 34288</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVTS SMITH, JEFFERY S 4276 ENID LN NORTH PORT, FL 34288		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Change</span> <span><input type="checkbox"/> Addition</span> </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Delete</span> </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Jennifer C. Smith 4276 Enid Lane North Port FL 34288	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Delete</span> </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Jessica M. Smith 4276 Enid Lane North Port FL 34288	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Delete</span> </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Change</span> <span><input type="checkbox"/> Addition</span> </div>	
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			_____ Date Daytime Phone #		

40076634



01112007 Chg-P CR2E034 (12/06)

JEFFERY S Smith