

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000141866

1. Entity Name
INFINITY POOLS OF S. FL INC.



Principal Place of Business

**3553 NORTH S.R. 7
HOLLYWOOD, FL 33021**

Mailing Address

**3553 NORTH S.R. 7
HOLLYWOOD, FL 33021**



03092007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3753812

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHARMAN, STANLEY C
4322 POLK STREET
HOLLYWOOD, FL 33021**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	HOGAN, FRANCIS X
STREET ADDRESS	3553 NORTH S.R. 7
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	V.P.
NAME	HOGAN III, FRANCIS X
STREET ADDRESS	3553 NORTH S.R. 7
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	SEC
NAME	SMITH, MARK E
STREET ADDRESS	3553 NORTH S.R. 7
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/07-80014-018 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

FRANCIS X HOGAN

Date

Daytime Phone #

4-24-07

954.983-4004