

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90419 027 ***150.00

DOCUMENT # **POS000144230**

1. Entity Name

The Poolzone USA, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

401 NE 11th Pl.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 150966

Suite, Apt. #, etc.

40089598

CR2E034B (8/05)

City & State

Cape Coral Florida

City & State

Cape Coral Florida

4. FEI Number

03-0573211

Applied For

Not Applicable

Zip

33909

Country

Zip

33915-0966

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Jayson Schebel**

Street Address (P.O. Box Number is Not Acceptable)

401 NE 11th Pl.

City

Cape Coral

FL

Zip Code

33909

**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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**President
Jayson Schebel
401 NE 11th Pl
Cape Coral, FL 33909**

TITLE
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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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #