

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90025 046 \*\*\*150.00

**DOCUMENT # P06000062912**

1. Entity Name  
**ELITE POOL ENCLOSURES, INC.**



Principal Place of Business

5815 SW 21ST ST  
HOLLYWOOD, FL 33023

Mailing Address

5815 SW 21ST ST  
HOLLYWOOD, FL 33023

2. Principal Place of Business - No P.O. Box #

1213 S. 30th Avenue

Suite, Apt. #, etc.

3. Mailing Address

1213 S. 30th Avenue

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip  
33020

Country

USA

City & State

PEMBROKE PINES, FL

Zip  
33020

Country

USA

01112007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-4845512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROMM, MICHAEL R ESQ  
% MICHAEL R ROMM, P.A.  
5815 SW 21ST ST  
HOLLYWOOD, FL 33023

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
KELLER, CHARLES W  
5815 SW 21ST ST  
HOLLYWOOD, FL 33023 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
YAN ARAKELOV, ADALBERT  
5815 SW 21ST ST  
HOLLYWOOD, FL 33023 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/07 561 703 0820