


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90445 031 ***150.00

DOCUMENT # P06000075157 1. Entity Name MASTER POOL, INC.			
Principal Place of Business 4470 24TH PLACE SW NAPLES, FL 34116		Mailing Address 4470 24TH PLACE SW NAPLES, FL 34116	
2. Principal Place of Business - No P.O. Box # 4720 ENTERPRISE AVE		3. Mailing Address P.O. Box 9393	
Suite, Apt. #, etc. #514		Suite, Apt. #, etc. 	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34104		Zip 34101	
Country 		Country 	
4. FEI Number 		Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VARUIKA THOMAS 4470 24TH PLACE SW NAPLES, FL 34116		7. Name and Address of New Registered Agent Name LOUIS P. ALTIERI Street Address (P.O. Box Number is Not Acceptable) 4720 ENTERPRISE AVE. #514 City NAPLES FL Zip Code 34104	
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: <i>Louis Altieri</i> DATE: 4/25/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VARIOLA, THOMAS M 4470 24TH PLACE SW NAPLES, FL 34116	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST LOUIS P. ALTIERI P.O. Box 9393 NAPLES, FL 34101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Louis Altieri</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/25/07 <small>Daytime Phone #</small>	