


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90055 035 ***150.00

DOCUMENT # P06000076285

1. Entity Name
PALM POOLS OF NORTH FLORIDA, INC.



Principal Place of Business
**2445 COMMUNITY RD.
 JACKSONVILLE, FL 32207**

Mailing Address
**2445 COMMUNITY RD.
 JACKSONVILLE, FL 32207**

2. Principal Place of Business - No P.O. Box #
15 30th AVE S

3. Mailing Address
15 30th AVE S

Suite, Apt. #, etc.

City & State
JACKSONVILLE BEACH, FL


City & State
JACKSONVILLE BEACH, FL

Zip
32250

Country
FLORIDA

Zip
32250

Country
FLORIDA



03102007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**DAUGHTRY, WAYLAND L.
 2445 COMMUNITY RD.
 JACKSONVILLE, FL 32207**

4. FEI Number
20-4983390

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
15 30th AVE S

City
JACKSONVILLE BEACH FL

Zip Code
32250

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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST DAUGHTRY, WAYLAND L. 2445 COMMUNITY RD. JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15 30th AVE S JACKSONVILLE BEACH, FL 32250
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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: Wayland L. Daughtry **APR 14 07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #