

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90035 024 \*\*\*150.00

**DOCUMENT # P06000076588**

1. Entity Name  
**ADAMS POOLS OF FLORIDA INC.**



Principal Place of Business  
 12019 SUMMER MEADOW DRIVE  
 BRADENTON FL 34202  
 US

Mailing Address  
 3675 OLD SANTA RITA RD.  
 PLEASANTON CA 94588  
 US



2. Principal Place of Business - No P.O. Box #  
**118 Knoll way**

3. Mailing Address  
**P.O. Box 2709**

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State  
**JUPITER, FLORIDA**

City & State  
**JUPITER FLORIDA**

Zip  
**33477**

Country  
**U.S.A.**

Zip  
**33468-2709**

Country  
**U.S.A.**

4. FEI Number  
**20.5045593**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VAZ, VICTOR V**  
**12019 SUMMER MEADOW DRIVE**  
**BRADENTON FL 34202**

7. Name and Address of New Registered Agent

Name  
**VAZ, Victor V.**

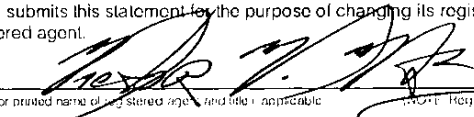
Street Address (P.O. Box Number is Not Acceptable)

**118 Knoll way**

City  
**JUPITER**

FL Zip Code  
**33477**

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 (if not applicable) (Print) Registered Agent signature required when contesting) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**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	P	<input type="checkbox"/> Delete
NAME	VAZ, VICTOR V	
STREET ADDRESS	3675 OLD SANTA RITA RD	
CITY ST ZIP	PLEASANTON CA 94202	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SCHELTHOFF, STEVEN R	
STREET ADDRESS	12019 SUMMER MEADOW DRIVE	
CITY ST ZIP	BRADENTON FL 34202	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHELTHOFF, LISA M	
STREET ADDRESS	12019 SUMMER MEADOW DRIVE	
CITY ST ZIP	BRADENTON FL 34202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZ, Victor V.	
STREET ADDRESS	118 Knoll way	
CITY ST ZIP	JUPITER FL 33477	
TITLE	VICE PRESIDENT/SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, KORY A.	
STREET ADDRESS	118 Knoll way	
CITY ST ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Victor V. Vaz** **MARCH 2, 2007 561-348-4159**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #