

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 KNOH WAY

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2709

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

JUPITER, FLORIDA

City & State

JUPITER FLORIDA

4. FEI Number

20.5045593

Applied For

Not Applicable

Zip

33477

Country

U.S.A.

Zip

33468-2709

Country

U.S.A.

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 KNOH 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, and title (if applicable)

(If not Registered Agent signature required when reinstating)

(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	VAZ, VICTOR V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	118 KNOH WAY	PRESIDENT/CEO
STREET ADDRESS	JUPITER FL 33477	
CITY, ST, ZIP	VIC PRESIDENT/SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	GARCIA, KORY A.	
NAME	118 KNOH WAY	
STREET ADDRESS	JUPITER FL 33477	
CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

Signature and Typed or Printed Name of Signing Officer or Director

March 2, 2007 561-348-4159

Date

Daytime Phone #