


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90222 032 ***150.00

DOCUMENT # P06000150079 1. Entity Name D AND G POOLS INC.					
Principal Place of Business 7161 DAVIT CIRCLE LAKE WORTH, FL 33467 US			Mailing Address 7161 DAVIT CIRCLE LAKE WORTH, FL 33467 US		
2. Principal Place of Business - No P.O. Box # 7161 Davit Circle Suite, Apt. #, etc.		3. Mailing Address 7161 Davit Circle Suite, Apt. #, etc.			
City & State Lake worth FL		City & State Lake worth FL		4. FEI Number 20-8018830	
Zip 33467		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIROMA, THOMAS 7161 DAVIT CIRCLE LAKE WORTH, FL 33467				7. Name and Address of New Registered Agent Name DiRoma Thomas Street Address (P.O. Box Number is Not Acceptable) 7161 Davit Circle City Lake worth FL Zip Code 33467	
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>Thomas DiRoma</i> DATE 3/26/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when maintaining)</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/D DIROMA, DANIEL 7161 DAVIT CIRCLE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIROMA, THOMAS 7161 DAVIT CIRCLE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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>Thomas DiRoma</i> Thomas DiRoma S 3/26/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

561 719 5931

Daytime Phone #