

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

5. **FILED**  
**Jun 06, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90135 031 \*\*\*150.00

<b>DOCUMENT # P07000015962</b> 1. Entity Name <b>PURIFIED POOLS, INC.</b>					
Principal Place of Business <b>234 ST. JOE PLAZA DRIVE 1 Burrell Place</b> <b>PALM COAST, FL 32104</b> <b>32137</b>				Mailing Address <b>234 ST. JOE PLAZA DRIVE 1 Burrell Pl</b> <b>PALM COAST, FL 32164</b> <b>32137</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>WILLIAMS, JEFFERY S</b> <b>1 BURRELL PLACE</b> <b>PALM COAST, FL 32137</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reissuing) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	DP		TITLE		
NAME	WILLIAMS, JEFFERY S		NAME		
STREET ADDRESS	1 BURRELL PLACE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	DS		TITLE		
NAME	WILLIAMS, ALCIA M		NAME		
STREET ADDRESS	1 BURRELL PLACE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
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TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Jeffery S Williams</i> <b>Jeffery S Williams</b> <b>4-30-08</b> <b>(386) 447-4755</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66013510



04262008 Chg-P CR2E034 (12/06)

4. FEI Number **20-8422124** Applied For Not Applicable

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