2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050106

FT. PIERCE, FL 34981

City-St-Zip:

Entity Name: POOL PRO. INC

FILED Apr 18, 2008 Secretary of State

y		(O, 11 (O.			
Current Principal Place of Business:			New Principal Place of Business:		
	ISTENSEN RO CE, FL 34981	DAD			
Current Mailing Address:			New Mailing Address:		
P.O. BOX FT. PIERC	12672 CE, FL 34979				
FEI Number	: 20-8903637	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
SIGMON, MICKEY D II 4795 CHRISTENSEN ROAD FT. PIERCE, FL 34981 US			SIGMON, GLENNA C 4795 CHRISTENSEN ROAD FT. PIERCE, FL 34981 US		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its regis	stered office or registered agent, or both,	
SIGNATURE: GLENNA C. SIGMON				04/18/2008	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (SIGMON, MICI 4795 CHRISTE FT. PIERCE, F	ENSEN ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (SIGMON, GLE 4795 CHRISTE FT. PIERCE, F	NSEN ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (SIGMON, GLE 4795 CHRISTE FT. PIERCE, F	ENSEN ROAD	Address: 4795	(X) Change () Addition DN, GLENNA C CHRISTENSEN ROAD ERCE, FL 34981	
Title: Name: Address:	T (SIGMON, GLE 4795 CHRISTE		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GLENNA C. SIGMON VP 04/18/2008