


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90409 033 ***158.75

DOCUMENT # P07000126526 1. Entity Name AARON KLINE POOLS, INC.			
Principal Place of Business 8721 S.W. PITTS COURT STUART, FL 34997		Mailing Address 8721 S.W. PITTS COURT STUART, FL 34997	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 8721 S.W. PITTS COURT Suite, Apt. #, etc.	
City & State STUART FL		City & State STUART FL	
Zip 34997		Country USA	
4. FEI Number 261473025		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLINE, AARON 8721 S.W. PITTS COURT STUART, FL 34997		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u><i>Aaron Kline</i></u> DATE: <u>4/15/08</u> <small>Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when renouncing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	DPST KLINE, AARON 8721 S.W. PITTS COURT STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLINE, TYRONE 8721 S.W. PITTS COURT STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: <u><i>Aaron Kline</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>4/15/08</u> DAYTIME PHONE: <u>772-634-0981</u>	

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