

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000076954

Entity Name: PROTOTYPE POOLS, INC

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

13132 49TH ST. NORTH  
WEST PALM BEACH, FL 33411

## **New Principal Place of Business:**

5690 W. ATLANTIC AVE.  
APT. #305  
DELRAY BEACH, FL 33484

## **Current Mailing Address:**

13132 49TH ST. NORTH  
WEST PALM BEACH, FL 33411

## **New Mailing Address:**

5690 W. ATLANTIC AVE.  
APT. #305  
DELRAY BEACH, FL 33484

FEI Number: 26-3201603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

STEVEN H. MACHIELA CPA, PA  
1035 STATE RD 7  
SUITE 215  
WELLINGTON, FL 33414 US

## **Name and Address of New Registered Agent:**

STEVEN H. MACHIELA CPA, PA  
860-1 S. STATE ROAD 7  
WELLINGTON, FL 33414 US

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.

SIGNATURE:

04/22/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: CULPEPPER, KYLE  
Address: 5690 W. ATLANTIC AVE., APT. #305  
City-St-Zip: DELRAY BEACH, FL 33484

I hereby 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 all other like empowered.

SIGNATURE: KYLECULPEPPER

PRES

04/22/2011

Electronic Signature of Signing Officer or Director

Date