


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90147 012 ***150.00

DOCUMENT # P93000084440			
1. Entity Name PERFECT POOL INTERIORS, INC.			
Principal Place of Business 4543 GULF AVENUE FORT MYERS FL 33903 US		Mailing Address 4543 GULF AVENUE FORT MYERS FL 33903 US	
2. Principal Place of Business - No P.O. Box # 735 NE 19 pl		3. Mailing Address 735 NE 19 pl	
Suite, Apt. #, etc. #15		Suite, Apt. #, etc. #15	
City & State Cape Coral FL		City & State Cape Coral FL	
Zip 33909	Country USA	Zip 33909	Country USA
6. Name and Address of Current Registered Agent MORTON, ALLEN 4543 GULF AVE FORT MYERS FL 33903		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P MORTON, ALLEN 4593 GULF AVENUE FORT MYERS FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	ST MORTON, SANDRA 4543 GULF AVENUE FORT MYERS FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-07

Date

239-997-7665

Daytime Phone #