

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000052042

FILED
Jan 31, 2008
Secretary of State

Entity Name: KEITH MAHAFFEY POOLS INC.

Current Principal Place of Business:

1710 SW BILTMORE ST
PORT ST LUCIE, FL 34984

New Principal Place of Business:

11011 SW DUNHILL CT
PORT ST LUCIE, FL 34987

Current Mailing Address:

1710 SW BILTMORE ST
PORT ST LUCIE, FL 34984

New Mailing Address:

PO BOX 881602
PORT ST LUCIE, FL 349881602 US

FEI Number: 65-0504891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM, INC.
465 S VOLUSIA AV, SUITE C
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

MAHAFFEY, KEITH A PRES
11011 SW DUNHILL CT
PORT ST. LUCIE, FL 34987 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: KEITH A. MAHAFFEY

01/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAHAFFEY, KEITH A
Address: 1710 SW BILTMORE ST
City-St-Zip: PORT ST LUCIE, FL 34984

Title: VTS () Delete
Name: MAHAFFEY, CYNTHIA L
Address: 1710 SW BILTMORE ST
City-St-Zip: PORT ST LUCIE, FL 34984

Title: D () Delete
Name: DOWNIE, ANTHONY
Address: 1710 SW BILTMORE STREET
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAHAFFEY, KEITH A
Address: PO BOX 881602
City-St-Zip: PORT ST LUCIE, FL 349888160

Title: VTS (X) Change () Addition
Name: MAHAFFEY, CYNTHIA L
Address: PO BOX 881602
City-St-Zip: PORT ST LUCIE, FL 349881602

Title: D (X) Change () Addition
Name: DOWNIE, ANTHONY
Address: PO BOX 881602
City-St-Zip: PORT SAINT LUCIE, FL 349881602

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.

SIGNATURE: KEITH A. MAHAFFEY

P

01/31/2008

Electronic Signature of Signing Officer or Director

Date