

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000081749**

1. Entity Name  
**CHOICE POOLS, INC.**



Principal Place of Business  
**3272 W HILLSBORO BLVD  
DEERFIELD BEACH, FL 33442**

Mailing Address  
**8010 N UNIVERSITY DR 2ND FL  
TAMARAC, FL 33321**



01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0541680**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LETTMAN, ROBERT D ESQUIRE  
ROBERT D. LETTMAN, P.A.  
8010 N. UNIVERSITY DRIVE, SECOND FLOOR  
TAMARAC, FL 33321**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PDVP  
NAME FARBER, STEVEN  
STREET ADDRESS 14037 43RD ROAD N  
CITY- ST- ZIP LOXAHATCHEE, FL 33470

TITLE D  
NAME FARBER, STEVE  
STREET ADDRESS 14037 43RD ROAD N  
CITY- ST- ZIP LOXAHATCHEE, FL 33470

TITLE D  
NAME FARBER, LURENDA  
STREET ADDRESS 14037 43RD ROAD N  
CITY- ST- ZIP LOXAHATCHEE, FL 33470

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U000000619676  
02/09/07-80006-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/07 954 285-0184