

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90032 007 ***150.00

DOCUMENT # P95000026794

1. Entity Name

DIAMOND POOLS, INC.



Principal Place of Business

12726 S.W. 100TH TERRACE
MIAMI FL 33186

Mailing Address

12726 S.W. 100TH TERRACE
MIAMI FL 33186

2. Principal Place of Business - No P.O. Box #

139 REDWING RD

3. Mailing Address

139 RED WING RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVERNIER FL

City & State

TAVERNIER FL

Zip 33070

Country USA

Zip 33070

Country

4. FEI Number 59-2118175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CELMER, RICHARD
12726 S.W. 100TH TERRACE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name RICHARD CELMER

Street Address (P.O. Box Number is Not Acceptable)

139 RED WING RD

City TAVERNIER

FL

Zip Code

33070

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CELMER, RICHARD
STREET ADDRESS 12726 S.W. 100TH TERRACE
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE S
NAME CELMER, CATHY
STREET ADDRESS 12726 SW 100 TERR
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

319 073055058056