

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 12, 2008
Secretary of State**

DOCUMENT# P95000033976

Entity Name: WORKING MAN'S POOL & GARDEN CENTER, INC.

Current Principal Place of Business:

7952 NORMANDY BLVD
9
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

2165 HICKORY LANE
ORANGE PARK, FL 32073 US

New Mailing Address:

FEI Number: 59-3361430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMSON, DAVID M
2165 HICKORY LANE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WILLIAMSON, JANET V
Address: 2165 HICKORY LANE
City-St-Zip: ORANGE PARK, FL 32073

Title: PD () Delete
Name: WILLIAMSON, DAVID M
Address: 2165 HICKORY LANE
City-St-Zip: ORANGE PARK, FL 32073

Title: CEO (X) Delete
Name: WILLIAMSON, DAVID M JR
Address: 96B MISTY MAPLE CT
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: WILLIAMSON, JANET V
Address: 2165 HICKORY LANE
City-St-Zip: ORANGE PARK, FL 32073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: D. M. WILLIAMSON

PD

05/12/2008

Electronic Signature of Signing Officer or Director

Date