2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000037480

1. Entity Name
CONTINENTAL POOLS, INC.

Principal Place of Business	Mailing Address
5045 SE 38TH ST	5045 SE 38TH ST
OCALA, FL 34480 US	OCALA, FL 34480 US

DO NOT WRITE IN THIS SPACE

04132008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3320181	Not Applicable

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

6. Name and Address of Current Registered Agent

HUFFMAN, RONALD C JR
5045 SE 38TH ST
OCALA, FL 34480

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 restating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

U00000598314
04/28/08-80013-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUFFMAN, RONALD C JR
STREET ADDRESS	5045 SE 38TH ST
CITY-ST-ZIP	OCALA, FL 34480

TITLE	VST
NAME	HUFFMAN, MARY L
STREET ADDRESS	5045 SE 38TH ST
CITY-ST-ZIP	OCALA, FL 34480

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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: _Mary L. Huffman_ Mary L. Huffman 4-14-08 352-732-0062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #