

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000070059**

1. Entity Name

ARTESIAN POOL CONSTRUCTION, INC.



Principal Place of Business

12290 METRO PARKWAY  
FORT MYERS, FL 33966

Mailing Address

12290 METRO PARKWAY  
FORT MYERS, FL 33966



03242008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0685372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

POLOTTO, JOSEPH A  
17160 PRIMAVERA CIR  
CAPE CORAL, FL 33909

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing

Trust Fund Contribution. ☐

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

U00000869746  
04/03/08-80056-022 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME POLOTTO, JOSEPH A  
STREET ADDRESS 17160 PRIMAVERA CIR  
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE VP  
NAME POLOTTO, SAM J  
STREET ADDRESS 2704 SW 31ST LN  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE CFO  
NAME POLOTTO, FLORENCE B  
STREET ADDRESS 17160 PRIMAVERA CIR  
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2008 (239) 415-7374  
Date Daytime Phone #