


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000012426**

1. Entity Name  
 CLASS - A POOLS & SPAS, INC.



Principal Place of Business  
 13 UTILITY DR  
 E  
 PALM COAST, FL 32137

Mailing Address  
 13 UTILITY DR.  
 PALM COAST, FL 32137

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3360125

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

AMARAL, ANTONIO  
 13 UTILITY DR  
 E  
 PALM COAST, FL 32137

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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

U00000661384  
 03/20/07-80038-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AMARAL, ANTONIO JR
STREET ADDRESS	13 UTILITY DR
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	TD
NAME	AMARAL, ANTONIO SR
STREET ADDRESS	13 UTILITY DR.
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	SD
NAME	AMARAL, MARIA
STREET ADDRESS	13 UTILITY DR.
CITY-ST-ZIP	PALM COAST, FL 32137
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:  **3/5/07** **386-446-3335**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/tna Phone #