2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000027274

1. Entity Name
MARTIN POOLS, INC.

Principal Place of Business	Mailing Address
4301 NO WICKHAM RD SUITE 13 MELBOURNE, FL 32940	4301 NO WICKHAM RD SUITE 13 MELBOURNE, FL 32940

DO NOT WRITE IN THIS SPACE

04232008   No Chg-P   CR2E034 (11/05)
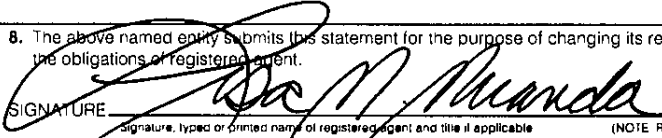
4. FEI Number	Applied For
59-3368569	Not Applicable

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

6. Name and Address of Current Registered Agent

MIRANDA, LISA M
4301 NO WICKHAM RD
SUITE 13
MELBOURNE, FL 32940

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 _____   DATE 4/24/08

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

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

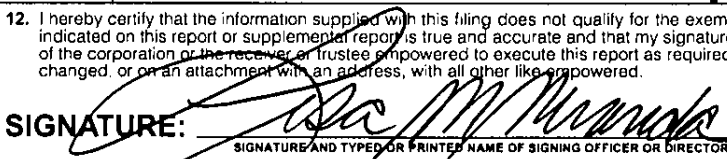9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000926891
05/20/08-80084-015 150.00

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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MIRANDA, LISA
STREET ADDRESS	4301 N. WICKHAM ROAD
CITY-ST-ZIP	MELBOURNE, FL 32935

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____   Date 4/24/08   Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR