## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 04, 2008 08:00 A Secretary of State **DOCUMENT # P96000087804** 1. Entity Name FOX POOLS, INC. Principal Place of Business Mailing Address 423 OAKFORD RD 423 OAKFORD RD SARASOTA, FL 34240 SARASOTA, FL 34240 No Cha-P CR2E034 (11/05) 01302008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0705017 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SUSIE FOX 423 OAKFORD RD IN THIS SPACE SARASOTA, FL 34240 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 arm familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Recistered Agent signature required when renstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FOX, EDWIN STREET ADDRESS **423 OAKFORD RD** SARASOTA, FL 34240 CITY-ST-7IP FOX, EDWIN **423 OAKFORD RD** STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MALE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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:

CITY-ST-ZIP

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