

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005117

FILED
Jul 06, 2007
Secretary of State

Entity Name: FLORIDA POOL ENCLOSURES, INC.

Current Principal Place of Business:

929 HICKORY STREET
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 521136
LONGWOOD, FL 32752 US

New Mailing Address:

FEI Number: 59-3420005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DELAHOZ, MIKE
927 HICKORY STREET
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: DELAHOZ, NYDIA
Address: 395 BERNARD STREET
City-St-Zip: LONGWOOD, FL 32750

Title: P () Delete
Name: DELAHOZ, MIKE
Address: 927 HICKORY STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Delete
Name: DELAHOZ, MIGUEL
Address: 395 BERNARD STREET
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. DELAHOZ

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07/06/2007

Electronic Signature of Signing Officer or Director

_____ Date