

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90389 032 \*\*\*150.00

**DOCUMENT # P97000022566**

1. Entity Name

MADELINE'S POOL STORE, INC.



Principal Place of Business

6913 SHELDON ROAD  
TAMPA FL 33615  
US

Mailing Address

9002 W. NORFOLK ST.  
TAMPA FL 33615  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6913 SHELDON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FLORIDA

Zip

Country

Zip

Country

33615

HILLSBOROUGH

4. FEI Number

59-3434070

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMORROW, MADELINE  
9002 W NORFOLK ST  
TAMPA FL 33615

Name

MADELINE MCMORROW

Street Address (P.O. Box Number is Not Acceptable)

6913 SHELDON ROAD

City

TAMPA

FL

Zip Code

33615

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MCMORROW, MADELINE  
STREET ADDRESS 9002 W. NORFOLK STREET  
CITY- ST- ZIP TAMPA FL 33615

TITLE S ☒ Delete  
NAME MCMORROW, JOHN F.  
STREET ADDRESS 8906 W. FLORA STREET  
CITY- ST- ZIP TAMPA FL 33615

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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 the empowered.

SIGNATURE:

Madeline C. MCMORROW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Date

City/Time/Phone #