2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State
03-28-2008 90019 045 ***158.75

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1. Entity Name
EXECUTIVE POOLS, INC.

Principal Place of Business	Mailing Address
317 W. HIGHLAND DR, #101 LAKELAND, FL 33813 US	317 W. HIGHLAND DR, #101 LAKELAND, FL 33813 US

01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3448328
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STITZEL, ART
317 W. HIGHLAND DR, #101
LAKELAND, FL 33813

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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 name changed)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAVENPORT, OLLIE
STREET ADDRESS	317 W. HIGHLAND DR, #101
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	V
NAME	STITZEL, ART
STREET ADDRESS	317 W. HIGHLAND DR, #101
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	T
NAME	DAVENPORT, LINDA
STREET ADDRESS	317 W. HIGHLAND DR, #101
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	S
NAME	STITZEL, RAQUEL
STREET ADDRESS	317 W. HIGHLAND DR, #101
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Raquel Stitzel Raquel Stitzel 3-25-08 (863) 619-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #