



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000047056			
1. Entity Name IMPERIAL POOLS, INC.			
Principal Place of Business 2590 17TH STREET SUITE D SARASOTA, FL 34234 US		Mailing Address 2590 17TH STREET SUITE D SARASOTA, FL 34234 US	
			
		01312007 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0756814		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
RISSLER, ISAAC Z 5428 ARUBA PLACE SARASOTA, FL 34233			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RISSLER, ISAAC Z 5428 ARUBA PLACE SARASOTA, FL 34233		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RISSLER, DONNA J 5428 ARUBA PLACE SARASOTA, FL 34233		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RYAN, KELLY D 3315 GOCIO ROAD SARASOTA, FL 34235		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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: <i>Donna J. Rissler</i> DONNA J. Rissler		3-22-07 941-953-7959	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Mo Phone #	