


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90062 046 ***150.00

DOCUMENT # P97000099668	
1. Entity Name SOUTHERN POOL DESIGNS, INC.	

Principal Place of Business 585 S. RONALD REAGAN BLVD. SUITE 107 LONGWOOD, FL 32750	Mailing Address 585 S. RONALD REAGAN BLVD. SUITE 107 LONGWOOD, FL 32750
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2. Principal Place of Business - No P.O. Box # 201 Specialty Point Suite, Apt. #, etc.	3. Mailing Address 201 Specialty Point Suite, Apt. #, etc.
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City & State Sanford FL	City & State Sanford FL
Zip 32771	Zip 32771
Country USA	Country USA

6. Name and Address of Current Registered Agent MONTAGUE, DAVID L 585 S. RONALD REAGAN BLVD SUITE 107 LONGWOOD, FL 32750	
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40017979



01312008	Chg-P	CR2E034 (12/06)
4. FEI Number 59-3481115	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 201 Specialty Point City Sanford FL Zip Code 32771	
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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTAGUE, DAVID 212 SHADY OAK CIRCLE LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIRKLAND, JOHN M 6725 WATER STONE CT. SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>David L. Montague</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>2/1/08</u> Daytime Phone #: <u>407-339-5800</u>