

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90034 002 \*\*\*150.00

40051949



04022007 Chg-P CR2E034 (12/06)

**DOCUMENT # P98000076275**

1. Entity Name  
**PRECISION POOL SUPPLY, INC.**



Principal Place of Business  
**421 110TH ST OCEAN  
MARATHON, FL 33050**

Mailing Address  
**POB 500354  
MARATHON, FL 33050**

2. Principal Place of Business - No P.O. Box #  
**31148 AVENUE C**

3. Mailing Address  
**P.O. Box 500354**

Suite, Apt. #, etc.

City & State  
**BIG PINE KEY, FLORIDA**

City & State  
**MARATHON**

Zip  
**33043**

Country

Zip  
**33050**

Country

4. FEI Number  
**65-0860948**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**YALICET, TORNA**  
**421 110TH ST OCEAN**  
**MARATHON, FL 33050**

7. Name and Address of New Registered Agent

Name  
**YALICET TORNA**

Street Address (P.O. Box Number is Not Acceptable)  
**31148 AVENUE C**

City  
**BIG PINE KEY**

FL

Zip Code  
**33043**

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 **Yalacet Torna** **Yalacet Torna** **4/2/07**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YALICET, TORNA</b> <b>P.O. BOX 500354</b> <b>MARATHON, FL 33050</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Yalacet Torna** **Yalacet Torna** **4/2/07** **(305) 896-1646**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #