## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000097915

City-St-Zip:

ORANGE CITY, FL 32763

FILED Jan 14, 2009 Secretary of State

Entity Name: BILL COODY CUSTOM POOLS, INC.					
Current Principal Place of Business:			New Principal Place of	f Business:	
620 S. VOLUSIA AVE ORANGE CITY, FL 32763					
Current Mailing Address:			New Mailing Address:		
PO BOX 740429 ORANGE CITY, FL 327740420					
FEI Number:	59-3543223	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
COODY, WILLIAM F JR. 617 E. NEW YORK AVE. ORANGE CITY, FL 32763 US			813 DELTONA BLVD S <sup>-</sup> BOX 1378999	ALL FLORIDA FIRM INC 813 DELTONA BLVD STE A BOX 1378999 DELTONA, FL 32725 US	
The above in the State		ubmits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: COODY, WILLAIM F JR				01/14/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () COODY, WILLA 617 E. NEW YO ORANGE CITY,	RK AVE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () COODY, WILLIA 617 E NEW YOR ORANGE CITY,	RK AVE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address:	ST () COODY, KRISTI 617 NEW YORK		Title: ( Name: Address:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: COODY, WILLAIM F JR P 01/14/2009