## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## May 02, 2008 8:00 am Secretary of State DOCUMENT # P99000013247 1. Entity Name 05-02-2008 90152 028 \*\*\*150 00 LAGOON POOLS, INC. Principal Place of Business Mailing Address 1125 DAPPLED ELM LANE 1125 DAPPLED ELM LANE WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302008 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3554623 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAUCHOIS CAUCHOIS, JEAN Street Address (P.O. Box Number is Not Acceptable) 1125 DAPPLED ELM LANE WINTER SPRINGS, FL 32708 1125 DAPPLED ELM LANG Zip Code 708 City WINTERSPRINGS 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** TITLE ☐ Delete TITLE Change ■ Addition CAUCHOIS III, JEAN INC CAUCHOIS, JEAN NAMÉ NAME 1125 DAPPLED ELM LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP WINTERSPS, FL 32708 TITLE ☐ Delete TITLE Сһапде ■ Addition THUCHOIS III, JEAN 1125 DAPPLED ELM LAME NAME CAUCHOIS, JEAN MARKE STREET ADDRESS 1125 DAPPLED ELM LANE STREET ADDRESS WINTER SPSS, FL 32-208 CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP TITLE Delete TIT∦ F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE ☐ Defete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 occurate 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 of 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 at other like empowered.

PILSIDEAT

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**FILED**