



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P99000038273 1. Entity Name IKE'S CARTER POOL COMPANIES, INC.	
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Principal Place of Business 1290 E COMMERCIAL BLVD FT LAUDERDALE, FL 33334	Mailing Address 1290 E COMMERCIAL BLVD FT LAUDERDALE, FL 33334
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DO NOT WRITE IN THIS SPACE



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0915937	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

GILIBERTI, JOSEPH S
1290 E COMMERCIAL BLVD
FT LAUDERDALE, FL 33334

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable 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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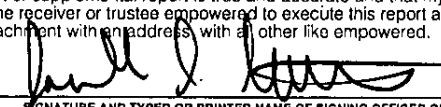
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILIBERTI, JOSEPH S 29 VIA LAGO BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAPLAN, GARY H 831 SW 56 AVE POMPANO BEACH, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YAMBOR, CHRISTOPHER A 1540 SE 23 AVE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4-11-08 954-771-5700**

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