## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 14, 2008 08:00 AN Secretary of State

ANNUAL REPORT			Secretary of Sta			
DOCUMENT # P990000684  1. Entity Name PGA POOLS, INC.				creatly of c	,,,,	
Principal Place of Business	Mailing Address					
4272 NORTHLAKE BLVD   Palm Beach Grdns, FL 33410	4272 NORTH LAKE BLVD. Palm Beach Gardens, FL 33	3410				
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						il
DO NOT WRITE IN THIS SPA		<b>^</b> _	03122008	No Chg-P C	:R2E034 (11/05)	
		<b>UE</b>	4. FEI Number 65-09400	)79	Applied Fo	
			5. Certificate of	·	CO 75	
6. Name and Address of Current R	egistered Agent				·	
RICE, TIMOTHY L 3814 GREENWAY DR. JUPITER, FL 33458			DO N	NOT WR	ITE	
				HIS SPA		
					<u> </u>	
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its register	Led office or register	red agent, or both,	in the State of Florida.	t am familiar with, and acc	cept
SIGNATURE	•	·				1
Signature typed or numbed name of registered agent an	d title if applicable (NOTE: Registere	d Agent signature required	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.0	S. Election Campaign Final     Trust Fund Contribution		.00 May Be led to Fees			1
10. OFFICERS AND D	DIRECTORS		I	,		
NAME RICE, TIMOTHY L						
SIREET ADDRESS   3814 GREENWAY DR.   CITY-SI-ZIP   JUPITER, FL 33458					•	
TITLE NAME				U0000085	8320	
STREET ADDRESS CITY-ST-ZIP				04/01/08-80	8320 040-018 150.00	)
TITLE						
NAME STREET ADDRESS						
CITY-ST-ZIP			DO N	NOT WR	ITE	
TITLE NAME			IN T	HIS SPA	CE	
STREET ADDRESS						
CITY-ST-ZIP		1				
TITLE NAME						
STAEET ADDRESS						
CITY-S1-ZIP TITLE		-				

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 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:** 

STREET ADDRESS CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3/12/08

561-622-9350