

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90015 017 ***150.00

DOCUMENT # S01862

1. Entity Name
D & S POOLS, INC.



Principal Place of Business
**1408 SE 17 AVE
E
CAPE CORAL FL 33990
US**

Mailing Address
**1408 SE 17 AVE
E
CAPE CORAL FL 33990
US**



2. Principal Place of Business - No P.O. Box #
3712 S.E. 18TH AVE
Suite, Apt. #, etc.

3. Mailing Address
3712 S.E. 18TH AVE.
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Cape Coral FL
Zip
33904
Country
Lee

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4. FEI Number **65-0221812**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DIRUSSO, SHIRLEY
3712 S.E. 18TH AVE
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
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
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TDS NAME STREET ADDRESS CITY ST ZIP	DIRUSSO, SHIRLEY 3712 S.E. 18TH AVE CAPE CORAL FL 33904	<input type="checkbox"/> Delete
P NAME STREET ADDRESS CITY ST ZIP	DIRUSSO, DONALD 3712 S.E. 18TH AVE CAPE CORAL FL 33904	<input type="checkbox"/> Delete
VP NAME STREET ADDRESS CITY ST ZIP	SCHWANDT, DAVID 126 SW 39TH ST. CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete
NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
PV NAME STREET ADDRESS CITY ST ZIP	Dirusso, Donald 3712 SE 18TH AVE CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<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 Section 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: *Shirley Di Russo* *Shirley Di Russo* *2-26-7* *239-542 6276*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #