

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V24107

Entity Name: POOL MEDIC, INC.

FILED  
Apr 20, 2007  
Secretary of State

**Current Principal Place of Business:**

8506 STATE ROAD 52  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

8506 STATE ROAD 52  
HUDSON, FL 34667

**New Mailing Address:**

FEI Number: 59-3116113

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAHN, EDWIN  
6761 RANCHWOOD LOOP  
NEW PORT RICHEY, FL 34653 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: GIBER, MICHAEL  
Address: 10535 EARHART DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: P ( ) Delete  
Name: KAHN, EDWIN  
Address: 6761 RANCHWOOD LOOP  
City-St-Zip: NEW PORT RICHEY, FL 34653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: EDWIN KAHN

PRES

04/20/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date