

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V47972

FILED
Mar 17, 2008
Secretary of State

Entity Name: PERFECT POOLS OF OKEECHOBEE, INC.

Current Principal Place of Business:

319 SW PARK ST.
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

319 SW PARK ST.
OKEECHOBEE, FL 34972 US

New Mailing Address:

FEI Number: 65-0348176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM, INC.
813 DELTONA BLVD.
SUITE A
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

SKINNER, MAXINE OWNER
319 SW PARK STREET
OKEECHOBEE, FL FL US

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: MAXINE SKINNER

03/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SKINNER, GARY F.,
Address: 3838 SW 16TH AVE
City-St-Zip: OKEECHOBEE, FL

Title: D () Delete
Name: SKINNER, MAXINE,
Address: 3838 SW 16TH AVE
City-St-Zip: OKEECHOBEE, FL

Title: D () Delete
Name: SKINNER, MICHAEL ALL, EN
Address: 3353 SW 18TH ST.
City-St-Zip: OKEECHOBEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SKINNER, GARY F.,
Address: 3838 SW 16TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D (X) Change () Addition
Name: SKINNER, MAXINE,
Address: 3838 SW 16TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D (X) Change () Addition
Name: SKINNER, MICHAEL ALL, EN
Address: 3353 SW 18TH ST.
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify 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: MAXINE SKINNER

D

03/17/2008

Electronic Signature of Signing Officer or Director

Date