## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V56397

PYNN, LLOYD W

18261 BOCA WAY DR.

BOCA RATON, FL 33498 US

Name:

Address:

City-St-Zip:

FILED Mar 04, 2008 Secretary of State

Entity Na	me: ROBERT'	S POOL DESI	GN, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
6010 YUC FORT PIE	CA DR. RCE, FL 34982	2 US					
Current Mailing Address:				New Mailing Address:			
6010 YUC FORT PIE	CA DR. RCE, FL 34982	2 US					
FEI Number	: 65-0350863	FEI Number A	pplied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:		
1035 S. ST	ALCHI, RICHAF FATE RD. 7 TON, FL 33414						
	named entity se of Florida.	submits this sta	atement for the pu	ırpose of changing i	ts register	red office or registered agent, or both,	
SIGNATUI	RE:						
	Electron	ic Signature of	Registered Age	nt		Date	
Election Car	mpaign Financing	Trust Fund Cor	ntribution ( ).				
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () EDWARDS, E. E 6010 YUCCA DE FORT PIERCE,	₹.		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title:	VP ()	Delete		Title:	VP	(X) Change ( ) Addition	

Name:

Address:

City-St-Zip:

PYNN, LLOYD W

18261 BOCA WAY DR.

BOCA RATON, FL 33497 US

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: E. ELIZABETH EDWARDS **PRES** 03/04/2008