


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # V59244 1. Entity Name STEVENS POOLS, THE SECOND GENERATION, INC.	
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Principal Place of Business 2734 LAND-O-LAKES BLVD. LAND O'LAKES, FL 34639	Mailing Address 2734 LAND-O-LAKES BLVD. LAND O'LAKES, FL 34639
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DO NOT WRITE IN THIS SPACE



04032008 No Chg-P CR2E034 (11/05)

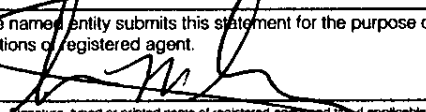
4. FEI Number 59-3139123	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STEVENS, SHANE M
2734 LAND-O-LAKES BLVD.
LAND O'LAKES, FL 34639**

**DO NOT WRITE
IN THIS SPACE**

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  DATE **4-3-08**

Signature, typed or printed name of registered agent and firm, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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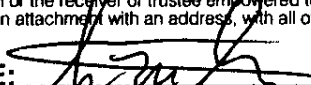
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T STEVENS, LORA J 2734 LAND O LAKES BLVD. LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEVENS, SHANE M 2734 LAND O LAKES BLVD. LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/18/08-80048-003 158.75

12. I hereby certify that the information supplied with this filing 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:  **SHANE M STEVENS PRES** **4-3-08** **(813) 949-4702** **(813) 714-3938**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #