


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90018 010 ***150.00

DOCUMENT # P99000038513					
1. Entity Name ANASTASIA POOL SERVICE, INC.					
Principal Place of Business 243 ORCHIS ROAD SAINT AUGUSTINE, FL 32086			Mailing Address 243 ORCHIS ROAD SAINT AUGUSTINE, FL 32086		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3574747	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERKINS, ROGER H		NAME		
STREET ADDRESS	243 ORCHIS ROAD		STREET ADDRESS		
CITY - ST - ZIP	CRESCENT BEACH, FL 32086		CITY - ST - ZIP	Saint Augustine, FL 32086	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERKINS, ROGER H		NAME		
STREET ADDRESS	243 ORCHIS ROAD		STREET ADDRESS		
CITY - ST - ZIP	CRESCENT BEACH, FL 32086		CITY - ST - ZIP	Saint Augustine, FL 32086	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NICKERSON, ROBERT W		NAME		
STREET ADDRESS	243 ORCHIS RD		STREET ADDRESS		
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32086		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAYNE, CATHERINE		NAME		
STREET ADDRESS	243 ORCHIS RD		STREET ADDRESS		
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32086		CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NICKERSON, ROBERT W		NAME		
STREET ADDRESS	243 ORCHIS RD		STREET ADDRESS		
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32086		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 another like empowered.					
SIGNATURE: <u>Roger H. Perkins</u>			Date: <u>1-14-08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		