

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000038513

FILED  
Jan 10, 2012  
Secretary of State

**Entity Name:** ANASTASIA POOL SERVICE, INC.

**Current Principal Place of Business:**

243 ORCHIS ROAD  
SAINT AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

243 ORCHIS ROAD  
SAINT AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 59-3574747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PERKINS, ROGER H  
Address: 243 ORCHIS ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP  
Name: PERKINS, ROGER H  
Address: 243 ORCHIS ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP  
Name: RAYNE, CATHARINE T  
Address: 243 ORCHIS RD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

SIGNATURE: ROGER H. PERKINS

PD

01/10/2012

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

\_\_\_\_\_ Date