


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P99000096806

1. Entity Name
POOL CARE SPECIALISTS OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address
2649 MERCY DR. **2649 MERCY DR.**
ORLANDO FL 32808 **ORLANDO FL 32808**



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

State, Apt #, etc. State, Apt #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3617034 Not Applicable

5. Certificate of Statute Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STIENSTRA, CHARLENE
2649 MERCY DR
ORLANDO FL 32808

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's signature required when replacing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS STIENSTRA, RODNEY 2649 MERCY DR ORLANDO FL 32808 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT STIENSTRA, CHARLENE 2649 MERCY DR ORLANDO FL 32808 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Charlene Stienstra 2-25-08 (407) 294-9921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER