

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000042516

**Entity Name:** PAUL SMITH POOL SERVICE INC

**Current Principal Place of Business:**

16281 76 ST NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

16281 76 ST NORTH  
LOXAHATCHEE, FL 33470

**FEI Number:** 20-4697955

**Certificate of Status Desired:** No

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

SMITH, PAUL A  
16281 76 ST NORTH  
LOXAHATCHEE, FL 33470 US

*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

**Officer/Director Detail :**

Title	P	Title	VP
Name	SMITH, PAUL A	Name	SMITH, PAMLEA J
Address	16281 76 ST NORTH	Address	16281 76TH STREET N
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-Zip:	LOXAHATCHEE FL 33470

*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:** PAUL A. SMITH

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01/23/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date