

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000038513

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

**Current Principal Place of Business:**

243 ORCHIS ROAD  
SAINT AUGUSTINE, FL 32086

**Current Mailing Address:**

243 ORCHIS ROAD  
SAINT AUGUSTINE, FL 32086

**FEI Number: 59-3574747**

**Certificate of Status Desired: Yes**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 PD  
Name RAYNE, CATHARINE T  
Address 243 ORCHIS ROAD  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title VP  
Name PERKINS, ZACHARY MEADE  
Address 243 ORCHIS ROAD  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title SECRETARY  
Name PERKINS, ZACHARY MEADE  
Address 243 ORCHIS ROAD  
City-State-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: CATHARINE T RAYNE**

**PRESIDENT**

**01/16/2024**

Electronic Signature of Signing Officer/Director Detail

Date