2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2008 08:00 A Secretary of State

ANNUAL REPORT				Secr	etary of S
DOCUMENT # 257776				Seci	ctary or S
1. Entity Name SWIM'IN POOL SALES & SERVICE INC					
	TO GO OF LEED & GERTIGE III				
Principal Pla	ce of Business	Mailing Address			
· '	NFIELD AVENUE	3536 GREENFIELD AVENUE			
ORLANDO, I	FL 32808	ORLANDO, FL 32808			
	Her for Some	6			iak alah dian diangan II latk
				03132008 No Chg-P CR2E	034 (11/05)
	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For
	Be Carlotte Commence			59-0977601	Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent		The state of the s	
SHODIS,GEORGE N 3536 GREENFIELD AVE ORLANDO, FL 32808			DO NOT WRITI		
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CILLAIND	0,1 L 32000		, ,	IN THIS SPACE	
			<u>,</u> , , ≥ ,	San	to be the married of the state of
	e named entity submits this statement for that the named entity submits this statement for the	e purpose of changing its registere	ed office or register	red agent, or both, in the State of Florida. I am	familiar with, and accept
·					
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE Registerer	d Agent signature required	i whan reinstating) DATE	
		9. Election Campaign Finan	ncino \$5	.00 May Be 04/21/0900000	88
	.E NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00			.00 May Be 04/21/08-8000	5-912 150.00
10.	OFFICERS AND DIF	RECTORS	,		material of the price of
TITLE NAME	PD SHODIS,GEORGE N				
STREET ADORESS	3536 GREENFIELD AVENUE				
CITY - ST - ZIP	ORLANDO, FL]		
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STREET ADDRESS	·				
CITY-ST-21P					
TITLE			· ·		

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 all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

STREET ADDRESS CITY-ST-ZIP

ail 08 407-193210