

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 276779

FILED
Mar 25, 2009
Secretary of State

Entity Name: AARON & DOUGLAS POOL SERVICE INC

Current Principal Place of Business:

4475 PARK LANE
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 18828
WEST PALM BEACH, FL 334168828 US

New Mailing Address:

FEI Number: 59-1036945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALFELDER, RONNIE F
1946 STAIMFORD CIRCLE
WELLINGOTN, FL 33414 US

Name and Address of New Registered Agent:

SALFELDER, RONNIE F
1946 STAIMFORD CIRCLE
WELLINGTON, FL 33414 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:

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: SALFELDER, RONNIE F
Address: 1946 STAIMFORD CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: VT () Delete
Name: SALFELDER, KAREN J
Address: 1946 STAIMFORD CIR
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RONNIE SALFELDER

P S

03/25/2009

Electronic Signature of Signing Officer or Director

Date