

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 276779

**FILED**  
**Feb 01, 2011**  
**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  
WELLINGTON, FL 33414 US

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

WEBER, DUANE D  
237 CYPRESS TRACE  
ROYAL PALM BEACH, FL 33411 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: DUANE WEBER

02/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: WEBER, DUANE D  
Address: 237 CYPRESS TRACE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VT  
Name: WEBER, LISA A  
Address: 237 CYPRESS TRACE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D  
Name: SALFELDER, RONNIE F  
Address: 1946 STAIMFORD CIR  
City-St-Zip: WELLINGTON, FL 33414

Title: D  
Name: SALFELDER, KAREN J  
Address: 1946 STAIMFORD CIR  
City-St-Zip: WELLINGTON, FL 33414

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: DUANE WEBER

PS

02/01/2011

Electronic Signature of Signing Officer or Director

Date