2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 318102

FILED Feb 26, 2008 Secretary of State

Entity Name: TRI-CITY POOL SERVICE AND SUPPLY COMPANY

urrenit P	inicipai Piace	e of Business:	New Principal Place of	u Dusilless.
	REA LN SE 5, FL 33912	US		
urrent Mailing Address:		ss:	New Mailing Address:	
	REA LANE SE S, FL 33912	US	2145 ANDREA LN SE FT MYERS, FL 33912	US
I Number:	: 59-1169417	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
lame and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	MPTON GREE			
JKI MY!	ERS, FL 3391	3 US		
ne above	,		ourpose of changing its registered	office or registered agent, or both,
ne above the State	named entity of Florida.		ourpose of changing its registered	office or registered agent, or both,
ne above the State	named entity e of Florida. RE:			office or registered agent, or both, Date
ne above the State GNATUF	named entity e of Florida. RE: Electror	submits this statement for the բ		
ne above the State GNATUR	named entity e of Florida. RE: Electror	submits this statement for the paid of the paid of the paid of Registered Agray of Trust Fund Contribution ().	ent	
ne above the State GNATUR	named entity e of Florida. RE: Electror mpaign Financin S AND DIREC P (GARVIN, JOHN	submits this statement for the particle Signature of Registered Agrag Trust Fund Contribution (). TORS: Delete IA DN GREENS DR.	ent ADDITIONS/CHANGES	Date
ne above the State GNATUF ection Car FFICER: le: le: lme: dress:	named entity e of Florida. RE: Electror mpaign Financin S AND DIREC P (GARVIN, JOHN 11501 HAMPTO FORT MYERS,	submits this statement for the particle Signature of Registered Agray Trust Fund Contribution (). TORS:) Delete I A DN GREENS DR. FL 33913) Delete RURA AVENUE	ADDITIONS/CHANGES Title: (Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTOR

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: JOHN GARVIN P 02/26/2008