

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90186 032 ***150.00

DOCUMENT # 330743 1. Entity Name MELODY POOL SERVICE INC					
Principal Place of Business 3310 N.E. 16TH STREET FORT LAUDERDALE, FL 33304			Mailing Address 3310 N.E. 16TH STREET FORT LAUDERDALE, FL 33304		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1258829	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GATES, DAVID G 3310 N.E. 16TH STREET FORT LAUDERDALE, FL 33304			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ (Printed name of registered agent required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GATES, TERRY L 3310 N.E. 16TH STREET FORT LAUDERDALE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GATES, DAVID G 3310 N.E. 16TH STREET FORT LAUDERDALE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDMONDSON, PATRICIA 3310 N.E. 16TH STREET FORT LAUDERDALE, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WITTMAN, DEBORAH A 3310 N.E. 16TH STREET FORT LAUDERDALE, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GATES, ALBERTA C 3310 NE 16 STREET FT. LAUDERDALE, FL 33304	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
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 I am empowered.					
SIGNATURE: <u>Alberta C Gates</u> ALBERTA C GATES 1-9-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40036253



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