


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 452129 1. Entity Name NAPLES POOL SERVICE, INC		
Principal Place of Business 6455 AIRPORT ROAD NORTH NAPLES, FL 33942	Mailing Address 6455 AIRPORT ROAD NORTH NAPLES, FL 33942	



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1554471	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROESER, PETER
626 FOUNTAIN HEAD LANE
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$650.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROESER, ALAN 2484 10TH ST., NO. NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROESER, SUSAN M 1307 PYXIEMOSS LANE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STANLEY, JULIE 1119 CYPRESS WOODS DR NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROESER, PETER 626 FOUNTAIN HEAD LANE NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STANLEY, BART R 1119 CYPRESS WOODS DR NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/01/08-60024-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-08

239-597-7114

Date

Daytime Phone #