

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 452129

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: NAPLES POOL SERVICE, INC

## Current Principal Place of Business:

6455 AIRPORT ROAD NORTH  
NAPLES, FL 33942

## New Principal Place of Business:

6455 AIRPORT ROAD NORTH  
NAPLES, FL 34109

## Current Mailing Address:

6455 AIRPORT ROAD NORTH  
NAPLES, FL 33942

## New Mailing Address:

6455 AIRPORT ROAD NORTH  
NAPLES, FL 34109

FEI Number: 59-1554471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: ROESER, ALAN  
Address: 2484 10TH ST., NO.  
City-St-Zip: NAPLES, FL 34102

Title: TD ( ) Delete  
Name: ROESER, SUSAN M.  
Address: 1307 PYXIEMOSS LANE  
City-St-Zip: NAPLES, FL 34105

Title: SD ( ) Delete  
Name: STANLEY, JULIE  
Address: 1119 CYPRESS WOODS DR  
City-St-Zip: NAPLES, FL 34103

Title: PD ( ) Delete  
Name: ROESER, PETER,  
Address: 626 FOUNTAIN HEAD LANE  
City-St-Zip: NAPLES, FL 34103

Title: VD ( ) Delete  
Name: STANLEY, BART R  
Address: 1119 CYPRESS WOODS DR  
City-St-Zip: NAPLES, FL 34103

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: SUSAN M. ROESER

TD

02/24/2009

Electronic Signature of Signing Officer or Director

Date