

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
ORIGINAL
Feb 19 2007 08:00 AM
Secretary of State

DOCUMENT # 611322

1. Entity Name
POOL SERVICES OF NORTH PALM BEACH, INC.



Principal Place of Business
**3626 E. INDUSTRIAL WAY
RIVIERA BCH., FL 33415 US**

Mailing Address
**P. O. BOX 14112
N.P.B., FL 33408 US**



02082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1885881

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LABOSSIERE, GAIL
2184 LAURA LANE
WEST PALM BEACH, FL 33415**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVP
NAME	LABOSSIERE, GAIL
STREET ADDRESS	2184 LAURA LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33415

TITLE	ST
NAME	HAIGHT, GARY
STREET ADDRESS	5479 TORNATO RD.
CITY-ST-ZIP	WEST PALM BEACH, FL

TITLE	S
NAME	HAIGHT, ROBERT
STREET ADDRESS	2186 LAURA LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33415

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000640593
02/28/07-80073-011 150.00

**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:

Gail & Lee Roberson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-07 561-845-7760

Date

Daytime Phone #