

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G61605

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: AMAZON POOL SERVICE, INC.

**Current Principal Place of Business:**

9280 SW 147ST  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 562108  
MAIMI, FL 332562108 US

**New Mailing Address:**

9280 SW 147ST  
MIAMI, FL 33176 US

FEI Number: 59-2370308

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEDGPETH, DEBRA  
9280 SW 147 ST.  
MIAMI, FL 33176 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: DP ( ) Delete  
Name: HEDPETH, DEBRA  
Address: 9280 SW 147TH STREET  
City-St-Zip: MIAMI, FL 00000,

Title: V ( ) Delete  
Name: STEVENS, CONSTANCE  
Address: 9280 SW 147 ST.  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: CONNIE STEVENS

VICE

01/12/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date