

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G70478

FILED
Apr 29, 2009
Secretary of State

Entity Name: AQUARIUS POOL SERVICE, INC.

Current Principal Place of Business:

C/O AQUARIOS POOL SERVICE
1407 SPARKMAN RD
PLANT CITY, FL 33567 US

New Principal Place of Business:

C/O AQUARIUS POOL SVC
1407 SPARKMAN RD
PLANT CITY, FL 33566 US

Current Mailing Address:

C/O AQUARIUS POOL SERVICE
1407 SPARKMAN RD
PLANT CITY, FL 33567 US

New Mailing Address:

C/O AQUARIUS POOL SVC
1407 SPARKMAN RD
PLANT CITY, FL 33566 US

FEI Number: 59-2485130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, KARON R.
1407 SPARKMAN ROAD
SUITE 105
PLANT CITY, FL 33567 US

Name and Address of New Registered Agent:

FULLER, KARON R
1407 SPARKMAN ROAD
PLANT CITY, FL 33566 US

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: KARON R FULLER

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FULLER, MICHAEL J
Address: 1407 SPARTAN
City-St-Zip: PLANT CITY, FL 33566

Title: SD () Delete
Name: FULLER, KAREN R
Address: 1407 SPARKMAN ROAD
City-St-Zip: PLANT CITY, FL

Title: T () Delete
Name: GREENE, GEORGE B
Address: 1407 SPARKMAN ROAD
City-St-Zip: PLANT CITY, FL

Title: VP () Delete
Name: FULLER, MICHAEL J. JR.
Address: 1407 SPARKMAN ROAD
City-St-Zip: PLANT CITY, FL

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:

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: KARON R FULLER

SD

04/29/2009

Electronic Signature of Signing Officer or Director

Date