


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90026 034 ***158.75

DOCUMENT # J53623					
1. Entity Name BARB'S POOL SERVICE, INCORPORATED					
Principal Place of Business 1225 TAMiami TRAIL B 7 MURDOCK, FL 33953 US			Mailing Address P. O. BOX 380575 MURDOCK, FL 33938-0575 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2768141	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARONE, BARBARA A. 17089 ORIENT AVE PORT CHARLOTTE, FL 33948			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARONE, BARBARA A.	NAME	ROBINSON BARBARA A.		
STREET ADDRESS	17089 ORIENT AVE	STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Barbara A. Robinson</u>			Date: <u>1/10/08</u> Daytime Phone #: <u>941.629.7005</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT 40024091

AFFIDAVIT, LICENSE and CERTIFICATE OF MARRIAGE

#J53623

CITY/TOWN Webster
DISTRICT NUMBER 2767
REGISTER NUMBER 227

SUPPLEMENTAL FILE

FROM THE GROOM

FROM THE BRIDE

1. A. FULL NAME Michael Francis Robinson Sr.
B. BIRTH NAME, IF DIFFERENT
C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE)
D. SOCIAL SECURITY NUMBER 203-52-2521
2. RESIDENCE A. FL (STATE) B. Charlotte
C. CHECK ONE AND SPECIFY Port Charlotte
D. STREET ADDRESS 3821 B Tamiami Trail ZIP 33952
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO
3. A. AGE 48 3B. DATE OF BIRTH 03 / 22 / 1959
4. EMPLOYMENT
A. USUAL OCCUPATION Self-employed
B. TYPE OF INDUSTRY OR BUSINESS Electrical Contractor
5. PLACE OF BIRTH Scranton, P.A.
6. FATHER
A. NAME Gerald Robinson
B. COUNTRY OF BIRTH U.S.A.
7. MOTHER
A. MAIDEN NAME Gladys Marie Ancherani
B. COUNTRY OF BIRTH U.S.A.
8. NUMBER OF THIS MARRIAGE 2
9. PREVIOUS MARRIAGES
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE 1 CIVIL ANNULLMENT 0 DEATH 0
B. HOW DID LAST MARRIAGE END? (1) DIVORCE (2) ANNULMENT (3) DEATH
C. DATE LAST MARRIAGE ENDED? 08 / 23 / 2003
10. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO
11. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION
1ST 2ND 3RD 4TH

11. A. FULL NAME Barbara Ann Barone
B. BIRTH NAME (MAIDEN NAME), IF DIFFERENT
C. SURNAME AFTER MARRIAGE Robinson
D. SOCIAL SECURITY NUMBER 085-48-5039
12. RESIDENCE A. FL (STATE) B. Charlotte
C. CHECK ONE AND SPECIFY Port Charlotte
D. STREET ADDRESS 17089 Orient Avenue ZIP 33948
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO
13. A. AGE 50 3B. DATE OF BIRTH 06 / 25 / 1957
14. EMPLOYMENT
A. USUAL OCCUPATION Self-employed
B. TYPE OF INDUSTRY OR BUSINESS Swimming Pool Service
15. PLACE OF BIRTH Rochester, N.Y.
16. FATHER
A. NAME Joseph Raymond Barone
B. COUNTRY OF BIRTH U.S.A.
17. MOTHER
A. MAIDEN NAME Angelina Mary Vassallo
B. COUNTRY OF BIRTH U.S.A.
18. NUMBER OF THIS MARRIAGE 1
19. PREVIOUS MARRIAGES
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE 0 CIVIL ANNULLMENT 0 DEATH 0
B. HOW DID LAST MARRIAGE END? (1) DIVORCE (2) ANNULMENT (3) DEATH
C. DATE LAST MARRIAGE ENDED?
D. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO
20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION
1ST 2ND 3RD 4TH

I do hereby swear that I do depose and say, that to the best of my knowledge and belief that the information I provided is true and that I declare that no legal impediment exists as to my right to enter into the marriage state.
21. SIGNATURE OF GROOM Michael F. Robinson Sr.
22. SIGNATURE OF BRIDE Barbara A. Barone
23. SUBSCRIBED AND SWORN TO AFFIRMED BEFORE ME
SIGNATURE OF TOWN OR CITY CLERK Barbara J. Ottenschot DATE 10/24/2007

This license authorizes the marriage in New York State of the bride and groom named above by any person authorized by New York Domestic Relations Law § 1 to perform marriage ceremonies within New York State. THIS LICENSE VALID IN NEW YORK STATE ONLY.
24. TOWN OR CITY CLERK: NAME (PRINT) Barbara J. Ottenschot
SIGNATURE Barbara J. Ottenschot DATE 10/24/2007
MAILING ADDRESS 1000 Ridge Road, Webster, NY 14580
TIME 09:12 AM MONTH 10 DAY 25 YEAR 2007
25. A. SOLEMNIZATION PERIOD BEGINS 25. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON: MONTH 12 DAY 23 YEAR 2007

I CERTIFY THAT I SOLEMNIZED THE MARRIAGE OF THE PERSONS NAMED ABOVE ON THE DATE AND AT THE TIME AND PLACE INDICATED.
26. SOLEMNIZATION OCCURRED TIME 1:25 AM MONTH 10 DAY 28 YEAR 07
27. TYPE OF CEREMONY 0 RELIGIOUS 1 CIVIL 0 OTHER, SPECIFY
28. PLACE WHERE MARRIAGE OCCURRED A. STATE NEW YORK B. COUNTY Monroe
C. LOCATION OF CEREMONY (CHECK ONE AND SPECIFY) CITY OF X TOWN OF VILLAGE OF SPECIFY Webster

29. OFFICIANT NAME (PRINT) P. Keely Costello TITLE Former Town Justice No. 001117 SIGNATURE DATE 10/28/07 MAILING ADDRESS 2155 Portland Avenue Rochester, New York 14614
30. WITNESS TO CEREMONY NAME (PRINT) Michael F. Robinson Jr. SIGNATURE
31. WITNESS TO CEREMONY NAME (PRINT) Lisa M. McOmber SIGNATURE

17089 Orient Avenue, Port Charlotte, F.L. 33948

AFFIDAVIT

LICENSE

CERTIFICATE

