

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J53623

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** BARB'S POOL SERVICE, INCORPORATED

**Current Principal Place of Business:**

1225 TAMIAMI TRAIL  
B 7  
PORT CHARLOTTE, FL 33953 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 380575  
MURDOCK, FL 339380575 US

**New Mailing Address:**

**FEI Number:** 59-2768141

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBINSON, BARBARA A MRS.  
17089 ORIENT AVE  
PORT CHARLOTTE, FL 33948 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

**OFFICERS AND DIRECTORS:**

Title: MRS.  
Name: ROBINSON, BARBARA A  
Address: 17089 ORIENT AVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP  
Name: ROBINSON, MICHAEL SR  
Address: 17089 ORIENT AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby 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 all other like empowered.

SIGNATURE: BARBARA A. ROBINSON

MRS.

02/07/2012

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

\_\_\_\_\_ Date