

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # J56028 1. Entity Name GRECO POOL SERVICE, INC.					
Principal Place of Business 11680 SW 13 PL. FT. LAUDERDALE FL 33325 US			Mailing Address 11680 SW 13 PL. FT. LAUDERDALE FL 33325 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2802254	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STONE, ADELE I. 100 SE 3 AVE FORT LAUDERDALE FL 33394				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For ☐ Not Applicable	
SIGNATURE _____ Signature typed or printed name of new registered agent and the filer (if filer is not the registered agent)				DATE _____ NOTE: Registered agent and filer must sign when both filer and agent are not the same person.	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GRECO, SAMUEL A. 11680 S W 13 PLACE FORT LAUDERDALE FL 33325	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000883646 04/17/08-90012-006 150.00	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

City

Decline Payment