


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Jul 10, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90371 040 \*\*\*138.75

<b>DOCUMENT # L07000086349</b>	
1. Entity Name <b>IN JESUS NAME POOL SERVICES, LLC</b>	

Principal Place of Business <b>810 N. CENTRAL AVE. KISSIMMEE, FL 34741</b>	Mailing Address <b>7 LIND AVE. KISSIMMEE FL 34744</b>
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2. Principal Place of Business - No P.O. Box # <b>7 Lind Ave</b>	3. Mailing Address <b>Kissimmee FL 34744</b>
Suite, Apt. #, etc. <b>Kissimmee FL 34744</b>	Suite, Apt. #, etc.
City & State <b>Kissimmee FL</b>	City & State
Zip <b>34744</b>	Country <b>U.S.</b>

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent <b>-WOLFE, JAMES E 810 N. CENTRAL AVE. KISSIMMEE FL 34741</b>	
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7. Name and Address of New Registered Agent <b>James E. Wolfe</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>7 Lind Ave</b>	
City <b>Kissimmee</b>	FL Zip Code <b>34744</b>

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 <i>James Wolfe</i>	DATE <b>7/1/08</b>

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE <b>MGR</b>	<input checked="" type="checkbox"/> Delete
NAME <b>WOLFE, JAMES E</b>	
STREET ADDRESS <b>810 N. CENTRAL AVE.</b>	
CITY-ST-ZIP <b>KISSIMMEE FL 34741</b>	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>Wolfe, James E</b>	
STREET ADDRESS <b>7 Lind Ave</b>	
CITY-ST-ZIP <b>Kissimmee FL 34744</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: James E. Wolfe** **7/1/08 (457)5208253**



ATTACHMENT

30010252

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 2, 2008

IN JESUS NAME POOL SERVICES, LLC  
7 LIND AVE.  
KISSIMMEE, FL 34744

Subject: IN JESUS NAME POOL SERVICES, LLC

Reference Number: L07000086349

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$138.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/aw

ANNUAL REPORTS SECTION

If there are any questions  
Please call (407) 520-8253

James