

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L18595

FILED
Apr 22, 2009
Secretary of State

Entity Name: ULTIMATE POOL SERVICE, INC.

Current Principal Place of Business:

6400-2 TOPAZ CT
FT. MYERS, FL 33912 US

New Principal Place of Business:

6400-2 TOPAZ CT
FT. MYERS, FL 33966 US

Current Mailing Address:

MICHAEL R. KELSEY
P.O. BOX 061022
FT. MYERS, FL 33906 US

New Mailing Address:

FEI Number: 65-0147567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELSEY, MICHAEL R
6400-2 TOPAZ CT
FT MYERS, FL 33912 US

Name and Address of New Registered Agent:

KELSEY, MICHAEL R
6400-2 TOPAZ CT
FT MYERS, FL 33966 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: _____

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KELSEY, MICHAEL R
Address: 6400-2 TOPAZ CT
City-St-Zip: FT. MYERS, FL 33912

Title: D () Delete
Name: JONAS, DONALD R
Address: 6400-2 TOPAZ CT
City-St-Zip: FT. MYERS, FL 33912

Title: VD () Delete
Name: JONAS, JEFFREY A
Address: 6400-2 TOPAZ CT
City-St-Zip: FORT MYERS, FL 33912

Title: ST () Delete
Name: JONAS, VIRGINIA A
Address: 6400-2 TOPAZ CT
City-St-Zip: FT. MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KELSEY, MICHAEL R
Address: 6400-2 TOPAZ CT
City-St-Zip: FT. MYERS, FL 33966

Title: D (X) Change () Addition
Name: JONAS, DONALD R
Address: 6400-2 TOPAZ CT
City-St-Zip: FT. MYERS, FL 33966

Title: VD (X) Change () Addition
Name: JONAS, JEFFREY A
Address: 6400-2 TOPAZ CT
City-St-Zip: FORT MYERS, FL 33966

Title: ST (X) Change () Addition
Name: JONAS, VIRGINIA A
Address: 6400-2 TOPAZ CT
City-St-Zip: FT. MYERS, FL 33966

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: MICHAEL R KELSEY

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date