2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L49450

1 Entity Name

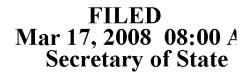
TOM'S SUNDANCE POOL SERVICES, INC.



Principal Place of Business

C/O THOMAS D. SWEEZEY 4449 QUEENSWAY DRIVE JACKSONVILLE, FL. 32257 Mailing Address

C/O THOMAS D. SWEEZEY 4449 QUEENSWAY DRIVE JACKSONVILLE, FL 32257





DO NOT WRITE IN THIS SPACE

03012008 No Chg-P CR2E034 (11/05)

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWEEZEY, THOMAS D. 4449 QUEENSWAY DRIVE JACKSONVILLE, FL 32257 DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000860864 04/02/08-80077-016 150.00

10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SWEEZEY, THOMAS D. 4449 QUEENSWAY DRIVE JACKSONVILLE, FL		
NAME STREET ADDRESS CHY-ST-ZIP	D SWEEZEY, THOMAS D. 4449 QUEENSWAY DRIVE JACKSONVILLE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 other tipe empowered.

SIGNATURE:

MATURE AND TYPED OR RRINTED NAME OF S

PRESIDENT

G OFFICER OR DIRECTOR

3-10-0.9

 $9.9.3 \pm 0.685$

te Daytime Phone #