## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M88335

**FILED** Feb 13, 2009 Secretary of State

Entity Name: GULFSHORE POOL SERVICE OF NAPLES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2917 WOODSIDE AVE 1202 JAMICA RD. NAPLES, FL 34112 MARCO ISLAND, FL 34145 US **Current Mailing Address: New Mailing Address:** P.O. BOX 7474 NAPLES, FL 33101 US FEI Number: 65-0055084 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEFFEY, ROBERT S. STEFFEY, ROBERT S. 2917 WOODSIDE AVE 1202 JAMÁICA RD. NAPLES, FL 34112 MARCO ISLAND, FL 34145 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: ROBERT S. STEFFEY 02/13/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition STEFFEY, ROBERT S. J. R. Name: Name: P.O. BOX 7474 Address: Address: City-St-Zip: NAPLES, FL 34101 City-St-Zip: Title: Title: () Change () Addition () Delete

Name: STEFFEY, RYAN 120 COLUMBUS WAY Address:

MARCO ISLAND, FL 34145 City-St-Zip:

Name: Address: City-St-Zip:

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: ROBERT S. STEFFEY **PRES** 02/13/2009