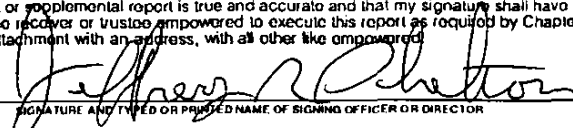


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-09-2007 90038 019 ***150.00

DOCUMENT # P00000024028 1. Entity Name JEFF'S SWIMMING POOL SERVICE, INC.					
Principal Place of Business 12121 131ST ST N # 319 LARGO FL 33774			Mailing Address 12121 131ST ST N # 319 LARGO FL 33774		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3698425	
5. Certificate of Status Desired ☐				☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHELTON, JEFF 12121 131ST ST N # 319 LARGO FL 33774				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P SHELTON, JEFF 12121- 131ST ST. N. # 319 LARGO FL 33774	☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition	
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 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 all other like empowered.					
SIGNATURE: 			Date 4/23/07		