

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026019

Entity Name: V. & Y. POOL SERVICE, INC.

FILED
Feb 28, 2007
Secretary of State

Current Principal Place of Business:

717 PINE CONE LN
NAPLES, FL 34104

New Principal Place of Business:

717 PINE CONE LN
NAPLES, FL 34104 US

Current Mailing Address:

717 PINE CONE LN
NAPLES, FL 34104

New Mailing Address:

717 PINE CONE LN
NAPLES, FL 34104 US

FEI Number: 65-0995335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOLINA, AARON E
717 PINE CONE LN
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOLINA, AARON E
Address: 717 PINE CONE LN
City-St-Zip: NAPLES, FL 34104

Title: VP () Delete
Name: MOLINA, RAMON V
Address: 717 PINE CONE LN
City-St-Zip: NAPLES, FL 34104

Title: ST () Delete
Name: MOLINA, VARLAM E
Address: 8224 KEY ROYAL CR.
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOLINA, AARON E
Address: 717 PINE CONE LN
City-St-Zip: NAPLES, FL 34104 US

Title: VP (X) Change () Addition
Name: MOLINA, RAMON V
Address: 717 PINE CONE LN
City-St-Zip: NAPLES, FL 34104 US

Title: ST (X) Change () Addition
Name: MOLINA, VARLAM E
Address: 8224 KEY ROYAL CR.
City-St-Zip: NAPLES, FL 34119 US

I hereby certify that the information supplied with this filing does not qualify for the 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: AARON E. MOLINA

PD

02/28/2007

Electronic Signature of Signing Officer or Director

Date