


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90434 026 ***150.00

DOCUMENT # P01000047861					
1. Entity Name BLESSING'S POOL SERVICE, INC.					
Principal Place of Business 521 40TH AVE N.E. SAINT PETERSBURG, FL 33703			Mailing Address P.O. BOX 2882 PINELLAS PARK, FL 33780		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State		4. FEI Number 59-3717981	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLESSING, TRACY 521 40TH AVE NE SAINT PETERSBURG, FL 33703				7. Name and Address of New Registered Agent Name: <u>BLESSING, TRACY P</u> Street Address (P.O. Box Number is Not Acceptable): <u>3919 HUNTINGTON ST. N.E</u> City: <u>ST. PETERSBURG</u> FL Zip Code: <u>33703</u>	
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: <u>[Signature]</u> <u>TRACY BLESSING</u> <u>4/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (If "T" Registered Agent signature required, then enter "T")</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 BLESSING, TRACY P 521 40TH AVE NE SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLESSING, TRACY P. 3919 HUNTINGTON ST. N.E ST. PETERSBURG FL 33703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLESSING, TRACY P. 521 40TH AVE NE SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLESSING, TRACY P. 521 40TH AVE NE SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLESSING, TRACY P. 521 40TH AVE NE SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLESSING, TRACY P. 521 40TH AVE NE SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLESSING, TRACY P. 521 40TH AVE NE SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing 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. 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: <u>[Signature]</u> <u>TRACY P. BLESSING</u> <u>4/25/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					