

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000052152

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: PRO STYLE POOL SERVICE, INC.

## Current Principal Place of Business:

4871 N.W. PALM COAST PKWY.  
PALM COAST, FL 32137

## New Principal Place of Business:

4871 N.W. PALM COAST PKWY.  
SUITE #3  
PALM COAST, FL 32137

## Current Mailing Address:

P.O. BOX 35-1857  
PALM COAST, FL 321351857

## New Mailing Address:

FEI Number: 59-3724917      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASTRIACOVO, STEVEN C  
12 B COLLINGWOOD LANE  
PALM COAST, FL 32137      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: MASTRIACOVO, STEVEN C  
Address: POST OFFICE BOX 351465  
City-St-Zip: PALM COAST, FL 321351465

Title: D ( ) Delete  
Name: MASTRIACOVO, FRANCIS G  
Address: 12 B COLLINGWOOD LANE  
City-St-Zip: PALM COAST, FL 32137

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MASTRIACOVO, STEVEN C  
Address: 12 B COLLINGWOOD LANE  
City-St-Zip: PALM COAST, FL 32137

Title: ( ) Change ( ) Addition  
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: STEVEN C. MASTRIACOVO

PRES

01/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date