

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000079604

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** ACE POOL AND SPA REPAIR, INC.

**Current Principal Place of Business:**

642 NW FLORESTA DRIVE  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 880091  
PORT ST. LUCIE, FL 34988

**New Mailing Address:**

**FEI Number:** 65-1128453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAUDIO, MICHAEL  
642 NW FLORESTA DR.  
PORT ST. LUCIE, FL 34983 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: D ( ) Delete  
Name: GAUDIO, MICHAEL  
Address: 642 NW FLORESTA DR.  
City-St-Zip: PORT ST. LUCIE, FL 34983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** MICHAEL GAUDIO

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

OWNE

01/20/2009

\_\_\_\_\_  
Date