

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106305

FILED
Feb 12, 2008
Secretary of State

Entity Name: TED'S POOL REPAIR & LEAK DETECTION, INC.

Current Principal Place of Business:

1417 S.E. 1ST TERRACE
CAPE CORAL, FL 33990

New Principal Place of Business:

3440 MARINA TOWN LANE
SUITE 204A
N. FT. MYERS, FL 33903

Current Mailing Address:

1417 S.E. 1ST TERRACE
CAPE CORAL, FL 33990

New Mailing Address:

P.O BOX 151293
CAPE CORAL, FL 33915

FEI Number: 65-1151706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAFT, EDWARD M JR
1417 SE 1ST TERRACE
CAPE CORAL, FL 33990 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: TAFT, EDWARD M JR
Address: 1417 SE 1ST TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: VSTD () Delete
Name: TAFT, SHERRY L
Address: 1417 SE 1ST TERRACE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHERRY TAFT

VSTD

02/12/2008

Electronic Signature of Signing Officer or Director

Date