


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91009 024 ***150.00

DOCUMENT # P01000107756 1. Entity Name PENINSULA POOL SERVICE, INC.	
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Principal Place of Business 1803 N. WATERMAN DR. VALRICO, FL 33594	Mailing Address P O BOX 362 VALRICO, FL 33595
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04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2353583	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EDMONDSON, IVELISSE 1803 N. WATERMAN DR. VALRICO, FL 33594	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDMONDSON, RONALD W 1803 N. WATERMAN DR. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EDMONDSON, IVELISSE 1803 N. WATERMAN DR. VALRICO, FL 33594
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ivelisse Edmondson 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #