

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000000116

FILED
Apr 06, 2009
Secretary of State

Entity Name: LIFESAVER POOL FENCE OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

203 W MAGNOLIA
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

PO BOX 622090
OVIEDO, FL 32762

New Mailing Address:

PO BOX 622090
OVIEDO, FL 32762 20

FEI Number: 01-0713657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPAGNONE, FRANK
203 W MAGNOLIA ST
OVIEDO, FL 32765 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: P () Delete
Name: COMPAGNONE, FRANK
Address: 203 W MAGNOLIA ST
City-St-Zip: OVIEDO, FL 32765

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: FRANK COMPAGNONE

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04/06/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date