




**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90197 023 \*\*\*150.00

**DOCUMENT # P02000005360**

1. Entity Name  
**ACADEMY POOL SERVICES, INC.**



Principal Place of Business  
**3936 S. SEMORAN BLVD.  
 149  
 ORLANDO, FL 32822**

Mailing Address  
**3936 S. SEMORAN BLVD.  
 149  
 ORLANDO, FL 32822**

2. Principal Place of Business - No P.O. Box #  
**12472 Lake Underhill Rd**

3. Mailing Address  
**12472 Lake Underhill Rd**

Suite, Apt. #, etc.  
**Suite 424**

Suite, Apt. #, etc.  
**Suite 424**

City & State  
**ORLANDO FL**

City & State  
**ORLANDO FL**

Zip  
**32822**

Country  
**ORANGE**

Zip  
**32822**

Country  
**ORANGE**



04222008 Chg-P CR2E034 (12/06)

4. FFI Number **59-2378512** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, BENJAMIN  
 3936 SOUTH SEWORAN BLVD. SUITE 149  
 ORLANDO, FL 32822**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**12472 Lake Underhill Rd Suite 424**

**ORLANDO**

City **FL** Zip Code **32822**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HERNANDEZ, BENJAMIN SR</b> <b>3936 SOUTH SEWORAN BLVD. SUITE 149</b> <b>ORLANDO, FL 32822</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HERNANDEZ, BENJAMIN III</b> <b>930 MINNESOTA AVE.</b> <b>WINTER PARK, FL 32789</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ben Hernandez Date: 5-1-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR