

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P02000007328

1. Entity Name  
TIDWELL POOL SERVICE, INC.



Principal Place of Business

2916 ARROWSMITH RD  
WIMAUMA, FL 33598

Mailing Address

PO BOX 5101  
RUSKIN, FL 33570



04072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>80-0023936</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TIDWELL, ROBERT M  
2916 ARROW SMITH PL  
WIMAUMA, FL 33598

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	PSD
NAME	TIDWELL, ROBERT M
STREET ADDRESS	P.O. BOX 5101
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	VTD
NAME	TIDWELL, AMANDA L
STREET ADDRESS	P.O. BOX 5101
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	VD
NAME	TIDWELL, BENNY F.
STREET ADDRESS	3320 33RD AVENUE SE
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000988682  
04/22/08-80023-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Amanda L Tidwell* *Amanda L Tidwell* *VTP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8-8-08* *83634680*

Date

Daytime Phone #