## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # P02000077305** 03-17-2008 90018 012 \*\*\*150.00 1. Entity Name JON'S POOL SERVICE OF SPRING HILL, INC. Principal Place of Business Mailing Address 2470 STANTON AVENUE POST OFFICE BOX 6602 SPRING HILL, FL 34609 SPRING HILL, FL 34611 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 630 SUNBROOK LN Suite, Apt. #, etc. Suite, Apt. #, etc. 02272008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 13-4203743 Not Applicable SPRING HILL Country \$8.75 Additional 5.\_Certificate of Status Desired HERNANDO Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TATAR, JONATHAN P Street Address (P.O. Box Number is Not Acceptable) 2470 STANTON AVENUE 630 SUNBROOK LN SPRING HILL, FL 34609 City Zip Code 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 SIGNATURE. typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST Change ☐ Delete TITLE ☐ Addition TITLE TATAR, JONATHAN P NAME NAME 630 SUNBROOK LN STREET ADDRESS STREET ADDRESS 2470 STANTON AVENUE CITY-ST-ZIP SPRING HILL, FL 34609 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

JONATHAN TATAR

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 17, 2008 8:00 am