

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107342

FILED
Apr 15, 2009
Secretary of State

Entity Name: PLATINUM POOL MAINTENANCE, INC.

Current Principal Place of Business:

8020 PELICAN HARBOUR DR
LAKE WORTH, FL 334671394

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 541394
LAKE WORTH, FL 334671394

New Mailing Address:

FEI Number: 52-2380009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACHIELA, STEVEN H CPA
1035 STATE RD 7
215
WELLINGTON, FL 33414 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: PD () Delete
Name: MARTINEZ, DAVID C
Address: 8020 PELICAN HARBOUR DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: VD () Delete
Name: ROVNYAK, STEPHEN M
Address: 1755 RYE TERRACE
City-St-Zip: WELLINGTON, FL 33414

Title: SD () Delete
Name: ROVNYAK, VALERIE A
Address: 1755 RYE TERRACE
City-St-Zip: WELLINGTON, FL 33414

Title: TD () Delete
Name: MARTINEZ, NICOLE
Address: 8020 PELICAN HARBOUR DRIVE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VALERIE ROVNYAK

SD

04/15/2009

Electronic Signature of Signing Officer or Director

Date