

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015416

FILED
Apr 16, 2009
Secretary of State

Entity Name: SUNSHINE POOL SERVICE AND SUPPLY, INC.

Current Principal Place of Business:

18125 US HWY 41 N
101
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

18125 US HWY 41 N
101
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 27-0045130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, SCOTT M
18125 US HWY 41 N
101
LUTZ, FL 33549 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: CEO () Delete
Name: ANDREWS, CHRISS
Address: 500 HOLLEY ST
City-St-Zip: BROCKPORT, NY 14420

Title: PRE () Delete
Name: ANDREWS, SCOTT M
Address: 13155 ROYAL GEORGE ST
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: ANDREWS, TODD A
Address: 9256 BRINDLEWOOD DR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRE (X) Change () Addition
Name: ANDREWS, SCOTT M
Address: 13155 ROYAL GEORGE AVE
City-St-Zip: ODESSA, FL 33556

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: SCOTT M. ANDREWS

MR.

04/16/2009

Electronic Signature of Signing Officer or Director

Date