


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # P03000046610
 1. Entry Name
 AQUABLUE POOL SERVICE OF CENTRAL FLORIDA, INC



Principal Place of Business Mailing Address
 2419 SWEETWATER BLVD 2419 SWEETWATER BLVD
 SAINT CLOUD, FL 34772 SAINT CLOUD, FL 34772

DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 86-1057891 Not Applicable

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

6. Name and Address of Current Registered Agent
 KUZIV, MARK STEPHEN
 2419 SWEETWATER BLVD
 SAINT CLOUD, FL 34772

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B. 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 re-registering) 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

U00000791274
 01/23/08-80068-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KUZIV, MARK STEPHEN
STREET ADDRESS	2419 SWEETWATER BLVD
CITY - ST - ZIP	SAINT CLOUD, FL 34772
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: MARK S. KUZIV MARK S. KUZIV 1/16/8 407-364601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Duplicates Page 3