2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084698

Entity Name: HORIZONS POOL SERVICE & REPAIR, INC.

FILED Mar 03, 2008 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 4700 MILLENIA BLVD SUITE 175 ORLANDO, FL 32839 **New Mailing Address: Current Mailing Address:** P.O. BOX 1237 WINDERMERE, FL 34786 FEI Number: 54-2121063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAIRE, DAVID T 6237 RIVER FRUIT COURT WINDERMERE, FL, FL 34786 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PST () Delete Title: () Change () Addition HAIRE, DAVID T MR Name: P.O. BOX 1237 Address: Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip:

Name:

Title: VΡ Title: (X) Change () Addition () Delete SWARTZMAN, SERENA T MRS Name: SWARTZMAN, SERENA T MISS Name:

P.O. BOX 1237 Address: P.O. BOX 1237 Address:

WINDERMERE, FL 34786 WINDERMERE, FL 34786 City-St-Zip: 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.

VΡ SIGNATURE: S. SWARTZMAN 03/03/2008