

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90028 026 ***150.00

DOCUMENT # P04000023083

1. Entity Name

ST. LUCIE POOL SERVICE INC.



Principal Place of Business

5644 NW COTTON DR.
PORT ST. LUCIE FL 34986

Mailing Address

5644 NW COTTON DR.
PORT ST. LUCIE FL 34986



2. Principal Place of Business - No P.O. Box #

5262 Slash Pine Tr.

Suite, Apt. #, etc.

3. Mailing Address

5262 Slash Pine Tr.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Ft. Pierce, FL

City & State

Ft. Pierce, FL

4. FEI Number 05-0594778

Applied For

Not Applicable

Zip

34951

Country

USA

Zip

34951

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNEY, THOMAS E
5644 NW COTTON DR.
PORT ST. LUCIE FL 34986

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

5262 Slash Pine Tr.

City

Ft. Pierce

FL

Zip Code

34951

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 the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KENNEY, THOMAS E	
STREET ADDRESS	5644 NW COTTON DR.	
CITY ST ZIP	PORT ST. LUCIE FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Thomas E. Kenney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-07
Date

772 879 7882
Daytime Phone #