# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# P04000023083

**Entity Name:** ST. LUCIE POOL SERVICE INC.

**Current Principal Place of Business:**

5262 SLASH PINE TR.
FORT PIERCE, FL 34951

**New Principal Place of Business:**

**Current Mailing Address:**

5262 SLASH PINE TR.
FORT PIERCE, FL 34951

**New Mailing Address:**

**FEI Number: 05-0594778** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KENNEY, THOMAS E
5262 SLASH PINE TR.
FORT PIERCE, FL 34951 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: P ( ) Delete
Name: KENNEY, THOMAS E
Address: 5644 NW COTTON DR.
City-St-Zip: PORT ST. LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: KENNEY, THOMAS E
Address: 5262 SLASH PINE TR
City-St-Zip: FORT PIERCE, FL 34951 US

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: THOMAS KENNEY P 04/30/2009

Electronic Signature of Signing Officer or Director — Date