

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000041716

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** CONTEMPORARY POOL SERVICE, INC.

**Current Principal Place of Business:**

3802 SKYLINE BLVD  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

3802 SKYLINE BLVD  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 56-2444567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FULMER, R TRACEY  
3802 SKYLINE BLVD.  
CAPE CORAL, FL 33914 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:** R TRACEY FULMER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** FULMER, RANDY  
**Address:** 3802 SKYLINE BLVD  
**City-St-Zip:** CAPE CORAL, FL 33914

**Title:** VP  
**Name:** FULMER, R TRACEY  
**Address:** 3802 SKYLINE BLVD  
**City-St-Zip:** CAPE CORAL, FL 33914

**Title:** SEC  
**Name:** FULMER, R TRACEY  
**Address:** 3802 SKYLINE BLVD.  
**City-St-Zip:** CAPE CORAL, FL 33914

**Title:** TRES  
**Name:** FULMER, R. TRACEY  
**Address:** 3802 SKYLINE BLVD  
**City-St-Zip:** CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

**SIGNATURE:** R TRACEY FULMER

VP

01/04/2011

Electronic Signature of Signing Officer or Director

Date