

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000057974

Entity Name: W.E.T. POOL SERVICES, INC.

FILED
Feb 25, 2008
Secretary of State

Current Principal Place of Business:

920 HARBOR LAKE DR.
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 204
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 30-0242661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUELLER, JOE
1434 VIKING DR.
HOLIDAY, FL 34691 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MUELLER, JOE
Address: 1434 VIKING DR.
City-St-Zip: HOLIDAY, FL 34691

Title: VP (X) Delete
Name: THOMPSON, WES
Address: 951 CHATHAM WAY
City-St-Zip: PALM HARBOR, FL 34683

Title: SEC () Delete
Name: MULLETT, MARSHA
Address: 2841 FOXWOOD CT.
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: JOE MUELLER

PRES

02/25/2008

Electronic Signature of Signing Officer or Director

Date