


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90044 032 ***150.00

DOCUMENT # P04000092128
 1. Entity Name
NEESER POOL & SPA SERVICES, INC.



Principal Place of Business
**202 S.W. 13TH COURT
 CAPE CORAL, FL 33991**

Mailing Address
**202 S.W. 13TH COURT
 CAPE CORAL, FL 33991**

40005049



2. Principal Place of Business
1769 Four Mile Cove Pkwy

3. Mailing Address
1769 Four Mile Cove Pkwy

Suite, Apt. #, etc.
No. 910

Suite, Apt. #, etc.
No. 910

01192005 Chg-P CR2E034 (10/03)

City & State
Cape Coral, FL

City & State
Cape Coral, FL

4. FEI Number
20-1363651

Applied For
 Not Applicable

Zip
33990

Country
USA

Zip
33990

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SCHUTT, DARRIN R ESQ
 1105 CAPE CORAL PARKWAY EAST
 SUITE C
 CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent
 Name **Hill, Thomas W.**
 Street Address (P.O. Box Number is Not Acceptable)
1318 Lafayette St.
 City **Cape Coral, FL** Zip Code **33904**

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 *Thomas W Hill* DATE **1-19-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete NEESER, ROGER 202 S.W. 13TH COURT CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Neeser, Roger 1769 Four Mile Cove Pkwy. No 910 Cape Coral, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Roger Neeser* DATE **1/19/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR