2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000092128

1. Entity Name NEESER POOL & SPA SERVICES, INC.



FILED
Jan 18, 2008 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

3516 SW SANTA BARBARA PLACE CAPE CORAL, FL 33914

3516 SW SANTA BARBARA PLACE CAPE CORAL, FL 33914



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01152008	No Chg-P	CR2E034 (11/05)	
4. FEI Number			Applied For
20-1262651		Γ	Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE

HILL, THOMAS W
1318 LAFAYETTE ST.
CAPE CORAL, FL 33904

DO NOT WRITE
IN THIS SPACE

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 appicable. (NOTE Registered Agent signature required when reinstating).							
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution., Added to Fees							
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NESSER, ROGER 3516 SW SANTAN BARBARA PLACE CAPE CORAL, FL 33914		·		U00000788856		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			`, ·		01/22/08-80002-008 150.00		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			y de	· · · ·			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TURNAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/08 549-2444