

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000098387

FILED
Jul 05, 2007
Secretary of State

Entity Name: T. SLUSSER POOL SERVICE INC.

Current Principal Place of Business:

3480 3RD AVE NW
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

3480 3RD AVE NW
NAPLES, FL 34120

New Mailing Address:

PO BOX 770147
NAPLES, FL 34107

FEI Number: 20-1277155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOUCY, JAMES S
3480 3RD AVE NW
NAPLES, FL 34120 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SLUSSER, THOMAS L JR
Address: 5516 ISLANDWALK CIR
City-St-Zip: NAPLES, FL 34119

Title: VP () Delete
Name: LOUCY, JAMES S
Address: 3480 3RD AVE NW
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JAMES S LOUCY

VP

07/05/2007

Electronic Signature of Signing Officer or Director

Date