2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000106856

Entity Name

ROB DONAHOE POOL SERVICE, INC.



Principal Place of Business

2523 MONTEREY STREET SARASOTA, FL 34231

Mailing Address

2523 MONTEREY STREET SARASOTA, FL 34231

FILED May 20, 2008 8:00 am Secretary of State

05-20-2008 90006 024 ***150.00

40104402



DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1396637

Applied For

20-1330037

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

-6. Name and Address of Current Registered Agent

SHELLE K. OTTO P.A. 2010 PINE TERRACE SARASOTA, FL. 34231

DO NOT WRITE IN THIS SPACE

	*					i
8. The above the obligat	named entity submits this statement for the plons of registered agent.	ourpose of changing its register	red office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	ed Agent signature	a required when reinstating)	DATE	ı
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	T			╛
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONAHOE, ROB PO BO 3623 MONIEREY OTREE SSON SARASOTA, FL 31231	x50396 msotu FL 34232				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	· -		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE	·		1			

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 if changed, or on an attachment with appears with all the empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08

941-724-

Date