

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90113 036 ***150.00

DOCUMENT # P04000141169

1. Entity Name
REFLECTION POOL SERVICE, INC.



Principal Place of Business
56 6TH AVENUE
VERO BEACH, FL 32962

Mailing Address
2065 DELEON AVENUE
VERO BEACH, FL 32960

DO NOT WRITE IN THIS SPACE



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1764255	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRETTI, RICHARD A JR CPA
RICHARD A. FERRETTI JR CPA
1892 COMMERCE AVE
VERO BEACH, FL 32960

**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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EACKER, ALEX B
STREET ADDRESS	2065 DELEON AVENUE
CITY - ST - ZIP	VERO BEACH, FL 32960

TITLE	D
NAME	EACKER, KELLY
STREET ADDRESS	2065 DELEON AVENUE
CITY - ST - ZIP	VERO BEACH, FL 32960

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08
Date Daytime Phone #