

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063201

**FILED**  
**Apr 15, 2007**  
**Secretary of State**

**Entity Name:** LOFTEN POOL SERVICE INC.

**Current Principal Place of Business:**

PO BOX 541687  
LAKE WORTH, FL 33454 US

**New Principal Place of Business:**

3764 HEATHER DRIVE EAST  
LAKE WORTH, FL 33463 US

**Current Mailing Address:**

PO BOX 541687  
LAKE WORTH, FL 33454 US

**New Mailing Address:**

**FEI Number:** 41-2174646      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOFTEN, BRIAN  
3764 HEATHER DRIVE EAST  
GREENACRES, FL 33463 US

**Name and Address of New Registered Agent:**

LOFTEN, BRIAN  
3764 HEATHER DRIVE EAST  
LAKE WORTH, FL 33463 US

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: BRIAN LOFTEN

04/15/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOFTEN, BRIAN  
Address: PO BOX 541687  
City-St-Zip: LAKE WORTH, FL 33454 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN LOFTEN

P

04/15/2007

Electronic Signature of Signing Officer or Director

Date