

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087872

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** BLU PROFESSIONAL POOL SERVICES, INC.

**Current Principal Place of Business:**

1923 SAVONA PARKWAY  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

3210 NW JUANITA PL  
CAPE CORAL, FL 33993

**Current Mailing Address:**

1923 SAVONA PARKWAY  
CAPE CORAL, FL 33904

**New Mailing Address:**

3210 NW JUANITA PL  
CAPE CORAL, FL 33993

**FEI Number:** 20-3018177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WANDERON, THOMAS  
809 WALKERBILT ROAD  
5  
NAPLES, FL 34110 US

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

WANDERON, THOMAS  
3365 WOOD EDGE CIRCLE  
104  
BONITA SPRINGS, FL 34134 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:**

04/15/2009

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: P, T ( ) Delete  
Name: MCCARRAHER, JASON  
Address: 1923 SAVONA PARKWAY  
City-St-Zip: CAPE CORAL, FL 33904

Title: VP,S ( ) Delete  
Name: MCCARRAHER, ALLISON  
Address: 1923 SAVONA PARKWAY  
City-St-Zip: CAPE CORAL, FL 33904

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

Title: P, T (X) Change ( ) Addition  
Name: MCCARRAHER, JASON  
Address: 3210 NW JUANITA PL  
City-St-Zip: CAPE CORAL, FL 33993

Title: VP,S (X) Change ( ) Addition  
Name: MCCARRAHER, ALLISON  
Address: 3210 NW JUANITA PL  
City-St-Zip: CAPE CORAL, FL 33993

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:** ALLISON MCCARRAHER

VP.S

04/15/2009

Electronic Signature of Signing Officer or Director

Date