

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000105846

1. Entity Name
ACE'S QUALITY POOL SERVICE, INC.



Principal Place of Business
11910 ORANGE STREET
SAN ANTONIO, FL 33576-0764 US

Mailing Address
PO BOX 764
SAN ANTONIO, FL 33576-0764

FILED
Aug 01, 2008 08:00 AM
Secretary of State



07172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 29-0384197	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

NEWLON, JOSEPH
12146 CURLEY STREET
SAN ANTONIO, FL 33576

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ANTOINE, DONALD
STREET ADDRESS	PO BOX 764
CITY-ST-ZIP	SAN ANTONIO, FL 33576
TITLE	DV
NAME	ANTOINE, KENDALE
STREET ADDRESS	PO BOX 764
CITY-ST-ZIP	SAN ANTONIO, FL 335760764
TITLE	DST
NAME	ANTOINE, SUSAN
STREET ADDRESS	PO BOX 764
CITY-ST-ZIP	SAN ANTONIO, FL 335760764
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000956820
08/01/08-80001-007 150.00

**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: *X Donald E. Antoine*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #