

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000130329

FILED  
Apr 19, 2010  
Secretary of State

**Entity Name:** POOL SERVICES BY REYES, INC.

**Current Principal Place of Business:**

907 N WILSON AVENUE #335  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

907 N WILSON AVENUE #335  
BARTOW, FL 33830

**New Mailing Address:**

**FEI Number:** 76-0811341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REYES, OVIN  
907 N WILSON AVENUE #335  
BARTOW, FL 33830 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** REYES, OVIN  
**Address:** 907 N WILSON AVENUE #335  
**City-St-Zip:** BARTOW, FL 33830

**Title:** V  
**Name:** REYES, FLOR  
**Address:** 907 N WILSON AVENUE #335  
**City-St-Zip:** BARTOW, FL 33830

**Title:** S  
**Name:** AVILA, MARCO  
**Address:** 1530 PALM PLACE  
**City-St-Zip:** BARTOW, FL 33830

I hereby 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 all other like empowered.

**SIGNATURE:** OVIN REYES

P

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date