

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000015704

FILED  
May 02, 2009  
Secretary of State

**Entity Name:** FLEMING ISLAND POOL SERVICES, INC.

**Current Principal Place of Business:**

115 W BRIDGEPORT RD  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9627  
FLEMING ISLAND, FL 32006

**New Mailing Address:**

**FEI Number:** 20-4338845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PASEK, KYMBERLY  
115 W BRIDGEPORT RD  
PALATKA, FL 32177 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

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

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

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** PASEK, KYMBERLY  
**Address:** 115 W BRIDGEPORT RD  
**City-St-Zip:** PALATKA, FL 32177

**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 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:** KYMBERLY PASEK

PRES

05/02/2009

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

\_\_\_\_\_  
Date