

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000016519

FILED
Jan 03, 2008
Secretary of State

Entity Name: PERFECT POOL & SPA SERVICE INC

Current Principal Place of Business:

1135 VILLAGIO CIRCLE
#207
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 3322
SARASOTA, FL 34230 US

New Mailing Address:

FEI Number: 20-4267033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKINNER, MARCUS W
1135 VILLAGIO CIRCLE
#207
SARASOTA, FL 34237 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 () Delete
Name: SKINNER, MARCUS W
Address: 1135 VILLAGIO CIRCLE #207
City-St-Zip: SARASOTA, FL 34237 US

Title: VP () Delete
Name: SANTACROCE, LEO
Address: 2850 GULF OF MEXICO DR #11
City-St-Zip: LONGBOAT KEY, FL 34228 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SANTACROCE, LEO
Address: 6321 APPROACH RD # 1F
City-St-Zip: SARASOTA, FL 34238 US

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: LEO SANTACROCE

VP

01/03/2008

Electronic Signature of Signing Officer or Director

Date