


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90050 040 ***150.00

DOCUMENT # P06000028653					
1. Entity Name POOL LEAK SPECIALISTS, INC.					
Principal Place of Business 417 SW 36TH STREET PALM CITY, FL 34990			Mailing Address 417 SW 36TH STREET PALM CITY, FL 34990		
2. Principal Place of Business - No P.O. Box # 1008 NW Fork Rd		3. Mailing Address P.O. Box 1442			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Stuart, FL		City & State Jensen Beach, FL		4. FEI Number 27-0140680	
Zip 34994		Country Martin		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DALE, MICHAEL L ESQ 2616 SE WILLOUGHY BLVD STUART, FL 34994			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT	NAME MILLER, ROBERT E		TITLE	NAME	
STREET ADDRESS PO BOX 1442	CITY-ST-ZIP JENSEN BEACH, FL 34957		STREET ADDRESS	CITY-ST-ZIP	
TITLE VS	NAME HURST, MARVIN		TITLE	NAME	
STREET ADDRESS 417 SW 36TH STREET	CITY-ST-ZIP PALM CITY, FL 34990		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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 an officer like empowered.					
SIGNATURE: _____			1-28-08 772-692-1938		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		