

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90193 030 \*\*\*150.00

**DOCUMENT # P06000035028**

1. Entity Name  
AGAPE POOL SERVICE INC.



Principal Place of Business Mailing Address  
~~540 JUANITA AVENUE~~ 585 LOBLOLLY BAY DR.  
~~DESTIN, FL 32541~~ OK SANTA ROSA Bch. P.O. BOX 831  
FL 32459 DESTIN, FL 32540 OK

**DO NOT WRITE IN THIS SPACE**



01252008 No Chg-P CR2E034 (11/05)

4. FEI Number  
75-3211991

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROTHCHILD, NORMAN J  
~~540 JUANITA AVENUE~~  
~~DESTIN, FL 32541~~  
585 LOBLOLLY BAY DR.  
SANTA ROSA Bch. FL 32459

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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**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROTHCHILD, NORMAN J P.O. BOX 831 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROTHCHILD, JENNIFER L P.O. BOX 831 DESTIN, FL 32541
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

685-5194

Daytime Phone