

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

07-13-2007 90091 001 ***150.00
07-13-2007 90091 002 *****8.75

DOCUMENT # P06000057784 1. Entity Name "KEVIN JOHNSON POOL SERVICE, INC."																																																																																																																												
Principal Place of Business 56 TERRY AVE S LEHIGH ACRES, FL 33971		Mailing Address 56 TERRY AVE S LEHIGH ACRES, FL 33971																																																																																																																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2041 Suite, Apt. #, etc.																																																																																																																										
City & State LEHIGH ACRES, FL.		4. FEI Number 76-0828769																																																																																																																										
Zip 33970		Country FL																																																																																																																										
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable																																																																																																																										
6. Name and Address of Current Registered Agent JOHNSON, KEVIN 56 TERRY AVE S LEHIGH ACRES, FL 33971		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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____																																																																																																																												
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																										
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																																												
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>OWNER</td> <td>KEVIN JOHNSON</td> <td>56 TERRY AVE S.</td> <td></td> </tr> <tr> <td></td> <td></td> <td>LEHIGH ACRES, FL</td> <td>33971</td> <td></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete		OWNER	KEVIN JOHNSON	56 TERRY AVE S.				LEHIGH ACRES, FL	33971																																										11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition																																																												
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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 all other like empowered.																																																																																																																												
SIGNATURE: <u>Kevin Johnson</u> KEVIN JOHNSON <u>July 07, 07</u> <u>239-839-1249</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																												

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