


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000096607 1. Entity Name TIM HOLDER POOL MAINTENANCE INC.	
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Principal Place of Business 234 MOHAWK STR. TAVERNIER, FL 33070	Mailing Address 234 MOHAWK STR. TAVERNIER, FL 33070
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02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3938944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLDER, TIMOTHY
234 MOHAWK STR.
TAVERNIER, FL 33070**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable.

**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 P/D	NAME HOLDER, TIMOTHY
STREET ADDRESS 234 MOHAWK STR.	CITY-ST-ZIP TAVERNIER, FL 33070
TITLE VP/T	NAME HOLDER, TIMOTHY
STREET ADDRESS 234 MOHAWK STR.	CITY-ST-ZIP TAVERNIER, FL 33070
TITLE S	NAME HOLDER, TIMOTHY
STREET ADDRESS 234 MOHAWK STR.	CITY-ST-ZIP TAVERNIER, FL 33070
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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02/26/08-80005-024 150.00

**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 all other like empowered.

SIGNATURE:

Timothy Holder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08
Date Daytime Phone #

*C-1-305-394-3618
H-1-305-853-0709*