## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## FILED May 05, 2008 8:00 am

AITHVAL ILLI VILI					Secretary of State			
DOCUMENT # P06000141479  1. Entity Name D-& V, POOL SERVICES, INC.					05-05-2008 90251 019 ***150.00			
Principal Place of Business Mailing Address					1			
10132 W INDIANTOWN RD 10132 W INDIAN		10132 W INDIANTOWN R JUPITER, FL 33478	RD			8538 81111 89111 88111 881	81 HAIL ALAN 1134 ANDS 18013	ITHERI M ITEL
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	St D					
Suita, Apt. #, etc.		Suite, Apl. #, etc.	FI.		04292008	Chg-P	CR2E034 (12/06	5)
City & State		City & State			4. FEI Numbe 20-584			Applied For Not Applicable
Zip	Country	Zip 3347\$	Country	,	<u> </u>	of Status Desired	\$8.75 A	dditional
	6. Name and Address of Current		1		7. Name and	Address of New R		
				Name				
	KY, VINCENT NDIANTOWN RD FL 33478		Street Address (P.O. Box Numb			er is Not Acceptable	<b>3)</b>	
	<b>1</b> .9.		***					
			City				FL Zip Co	
8. The above named emity 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.								
Li i i i i i i i i i i i i i i i i i i								
SIGNATURE Signature, typed or printed name of registared agent and title of applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
	E'NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaign Trust Fund Contrib			00 May Be ed to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11
TITLE	D	☐ Delete	TITLE				☐ Change	
NAME	GRUDINSKY, VINCENT		NAME					
STREET ADDRESS CITY-ST-ZIP	11699 152ND ST NORTH JUPITER, FL 33478		STREET ADDRESS CITY-ST-ZIP					
TITLE	JUFITER, FL 33476	□ Delete	<del></del>					
NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS			STREET ADDRESS					
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				<b>4</b> 5.	.
UITT-31-ZIF	I		CITY-ST-ZIP	1				

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR