


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90008 036 ***150.00

DOCUMENT # P06000152772 1. Entity Name PROFESSIONAL SWIMMING POOL MAINTENANCE OF FLORIDA, INC.							
Principal Place of Business 749 NW WHITE WING DOVE DRIVE GREENVILLE, FL 32331			Mailing Address 749 NW WHITE WING DOVE DRIVE GREENVILLE, FL 32331				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State Zip Country		City & State Zip Country					
<div style="display: flex; justify-content: space-between;"> 05022007 Chg-P CR2E034 (12/06) <div style="text-align: right;"> 4. FEI Number 20-817448 </div> </div>							
<div style="display: flex; justify-content: space-between;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <div style="text-align: right;"> <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table> </div> </div>						Applied For	Not Applicable
Applied For							
Not Applicable							
6. Name and Address of Current Registered Agent LEONARD, NORMAN E II 749 NW WHITE WING DOVE DRIVE GREENVILLE, FL 32331			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, NORMAN E II 749 NW WHITE WING DOVE DRIVE GREENVILLE, FL 32331	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, ROBERT 749 NW WHITE WING DOVE DRIVE GREENVILLE, FL 32331	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete					
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: <i>Norman E. Leonard II</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				9/4/07 (954) 592-9630 <small>Date Daytime Phone #</small>			