

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000040039

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** AQUA EXPERTS SWIMMING POOL SERVICE INC.

**Current Principal Place of Business:**

901 WILD CHERRY CT.  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 954051  
LAKE MARY, FL 32795 US

**New Mailing Address:**

**FEI Number:** 20-8769026

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAMPLES, MEREDITH  
901 WILD CHERRY CT.  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SAMPLES, TIMOTHY M  
Address: 901 WILD CHERRY CT.  
City-St-Zip: LAKE MARY, FL 32746 US

Title: TRES  
Name: SAMPLES, TIMOTHY M  
Address: 901 WILD CHERRY CT.  
City-St-Zip: LAKE MARY, FL 32746 US

Title: SECT  
Name: SAMPLES, TIMOTHY M  
Address: 901 WILD CHERRY CT.  
City-St-Zip: LAKE MARY, FL 32746 US

Title: DIR  
Name: SAMPLES, TIMOTHY M  
Address: 901 WILD CHERRY CT.  
City-St-Zip: LAKE MARY, FL 32746 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIM SAMPLES

OWNE

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date