

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000106722

FILED
Jul 14, 2008
Secretary of State

Entity Name: POOL MEDIC OF LEE COUNTY, INC.

Current Principal Place of Business:

18401 PINE NUT COURT
LEHIGH ACRES, FL 33972

New Principal Place of Business:

Current Mailing Address:

PO BOX 428
LEHIGH ACRES, FL 339700428

New Mailing Address:

FEI Number: 26-1133724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONGDON, KENNETH W
18401 PINE NUT COURT
LEHIGH ACRES, FL 33972 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CONGDON, KENNETH W
Address: 18401 PINE NUT COURT
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DS () Delete
Name: CONGDON, LYNN A
Address: 18401 PINE NUT COURT
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KENNETH W. CONGDON

DP

07/14/2008

Electronic Signature of Signing Officer or Director

Date