

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125760

FILED  
Apr 26, 2008  
Secretary of State

Entity Name: POOL SOLUTION OF SW FLORIDA INC

## Current Principal Place of Business:

2610 PONCE DE LEON DR  
NAPLES, FL 34105 US

## New Principal Place of Business:

## Current Mailing Address:

2610 PONCE DE LEON DR  
NAPLES, FL 34105 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSTO, DUNIEL  
2610 PONCE DE LEON DR  
NAPLES, FL 34105 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: P ( ) Delete  
Name: BUSTO, DUNIEL M  
Address: 6175 ENGLISH OAKS LN  
City-St-Zip: NAPLES, FL 34119 US

Title: VP ( ) Delete  
Name: IAQUINTA, MAXIMILIANO  
Address: 2610 PONCE DE LEON DR  
City-St-Zip: NAPLES, FL 34105 US

Title: T ( ) Delete  
Name: CUBAS, MAYENSY  
Address: 5270 20TH PL SW  
City-St-Zip: NAPLES, FL 34116 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DUNIEL BUSTO

P

04/26/2008

Electronic Signature of Signing Officer or Director

Date