

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000000105

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** JUST SWIM POOL SERVICE, INC.

**Current Principal Place of Business:**

19653 FLORANTINE CIRCLE  
CLERMONT, FL 34715 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 121387  
CLERMONT, FL 34712 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:**

RONCHETTI, HELEN  
19653 FLORANTINE CIRCLE  
CLERMONT, FL 34715 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:** P  
**Name:** RONCHETTI, SIMON  
**Address:** PO BOX 121387  
**City-St-Zip:** CLERMONT, FL 34712 US

**Title:** VP  
**Name:** RONCHETTI, HELEN  
**Address:** PO BOX 121387  
**City-St-Zip:** CLERMONT, FL 34712 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:** HELEN RONCHETTI

VP

02/03/2011

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

\_\_\_\_\_  
Date