

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000066897		
1. Entity Name DAVIS POOL SERVICE, CO.		
Principal Place of Business 1001 NW 100 ST MIAMI, FL 33150		Mailing Address 1001 NW 100 ST MIAMI, FL 33150
DO NOT WRITE IN THIS SPACE		
		04132008 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0439148
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
DAVIS, ROGER W 1001 NW 100 ST MIAMI, FL 33150		DO NOT WRITE IN THIS SPACE
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 renewing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		DATE 05/13/08-80114-011 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, ROGER 1001 NW 100TH ST. MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DAVIS, GERALEAN 1001 NW 100 ST MIAMI, FL	
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DO NOT WRITE IN THIS SPACE		
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 807, 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: ROGER DAVIS <i>Roger Davis</i>		4-21-08 305-836-6471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #