

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P94000025411

1. Entity Name  
EDDIE'S POOL SERVICE, INC.



Principal Place of Business  
4442 ARNOLD AVE.  
NAPLES, FL 34104 US

Mailing Address  
6741 LIVINGSTON WOODS LANE  
NAPLES, FL 34109 US



03042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0489068

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

IRIZARRY, DENISE  
4442 ARNOLD AVE.  
NAPLES, FL 34104

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000850858  
03/25/08-80014-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	IRIZARRY, EDDIE
STREET ADDRESS	6741 LIVINGSTON WOODS LN
CITY-ST-ZIP	NAPLES, FL
TITLE	V
NAME	IRIZARRY, DENISE
STREET ADDRESS	6741 LIVINGSTON WOODS LANE
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	S
NAME	IRIZARRY, CARMEN
STREET ADDRESS	6741 LIVINGSTON WOODS LN.
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 607, 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: Denise Irizarry  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-08 239 643 3456  
Date Daytime Phone #