

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000073042

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: ABOVE & BEYOND POOL & SPA SERVICE, INC.

**Current Principal Place of Business:**

5909 SHIRLEY ST.  
#8  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

6017 PINE RIDGE RD. #384  
NAPLES, FL 34119

**New Mailing Address:**

FEI Number: 65-0538890      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWICK, WAYNE R.  
520 JUNG BOULEVARD WEST  
NAPLES, FL 34120 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: SWICK, WAYNE  
Address: 520 JUNG BLVD. WEST  
City-St-Zip: NAPLES, FL 34120

Title: VP ( ) Delete  
Name: LENOX, JOHN B  
Address: 520 JUNG BLVD. WEST  
City-St-Zip: NAPLES, FL 34120

**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: WAYNE R SWICK

PRES

04/28/2009

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

\_\_\_\_\_ Date