

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050992

Entity Name: T.C. POOL SERVICE, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

6620 CLEVELAND STREET  
HOLLYWOOD, FL 33024

## New Principal Place of Business:

15389 83RD LN N  
LOXAHATCHEE, FL 33470

## Current Mailing Address:

6620 CLEVELAND STREET  
HOLLYWOOD, FL 33024

## New Mailing Address:

15389 83RD LN N  
LOXAHATCHEE, FL 33470

FEI Number: 65-0760344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WISLICENY, RICHARD  
6620 CLEVELAND STREET  
HOLLYWOOD, FL 33024 US

## Name and Address of New Registered Agent:

WISLICENY, RICHARD  
15389 83RD LN N  
LOXAHATCHEE, FL 33470 US

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:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: WISLICENY, RICHARD  
Address: 6620 CLEVELAND STREET  
City-St-Zip: HOLLYWOOD, FL 33024

Title: DVT ( ) Delete  
Name: WISLICENY, CECELIA  
Address: 6620 CLEVELAND STREET  
City-St-Zip: HOLLYWOOD, FL 33024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: WISLICENY, RICHARD  
Address: 15389 83RD LN N  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DVT (X) Change ( ) Addition  
Name: WISLICENY, CECELIA  
Address: 15389 83R LN N  
City-St-Zip: LOXAHATCHEE, FL 33470

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: CECELIA WISLICENY

DVT

04/30/2007

Electronic Signature of Signing Officer or Director

Date