

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90013 019 ***150.00

DOCUMENT # P99000026788					
1. Entity Name PERFECT POOL CHEMICAL SERVICE OF SARASOTA COUNTY, INC.					
Principal Place of Business 175 S JACKSON RD VENICE, FL 34293			Mailing Address 307 SUNSET RD OSPREY, FL 34229		
2. Principal Place of Business - No P.O. Box # 307 SUNSET RD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State OSPREY FL		City & State		4. FEI Number 65-0905723	
Zip 34229 US		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCULLY, EDWARD M JR. 307 SUNSET RD OSPREY, FL 34229			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <i>Jill Scully</i> Secretary Jill Scully 3-11-08 <small>Signature: Typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME SCULLY, EDWARD M JR. STREET ADDRESS 307 SUNSET RD CITY-ST-ZIP OSPREY, FL 34229	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME ALWES, JAMES B STREET ADDRESS 307 SUNSET RD CITY-ST-ZIP OSPREY, FL 34229	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Jill Scully</i> Jill Scully 3-11-08 941 966-7092 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					