2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000050213

Entity Name: CHASER POOL SERVICE, INC.

EVERING, JESSICA D

812 GLEN ARDEN WAY

ALTAMONTE SPRINGS, FL 32701

Name:

Address:

City-St-Zip:

FILED Apr 16, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|--|---------------------------------|--|--|
| | NALD REAG OOD, FL 3275 | AN BLVD. STE 148 0 | | |
| Current N | lailing Addre | ess: | New Mailing Address | : |
| | NALD REAG OOD, FL 3275 | AN BLVD. STE 148 0 | | |
| FEI Number | : 59-3571160 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | d Address of | Current Registered Agent: | Name and Address of | f New Registered Agent: |
| 812 GLEN ALTAMON | , JESSICA I ARDEN WA NTE SPRINGS e named entity | 5, FL 32701 US | purpose of changing its registered | d office or registered agent, or both, |
| | e of Florida. | , | F | |
| SIGNATU | RE: | | | |
| Electronic Signature of Registered Age | | | ent | Date |
| Election Ca | mpaign Financi | ng Trust Fund Contribution (). | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | EVERING, TH 812 GLEN AR | | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | EVERING, TH 812 GLEN AR | | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | EVERING, JE 812 GLEN AR | | Title: Name: Address: City-St-Zip: | ()Change ()Addition |
| Title: | Т (|) Delete | Title: | () Change () Addition |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JESSICA EVERING S 04/16/2009