2007 FOR PROFIT CORPORATION 🔑 🚕 **ANNUAL REPORT**

DOCUMENT # V14060

1. Entity Name SHUR-SHOT POOL SERVICE, INC.



FILED Apr 23, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

938 NORTHEAST 7TH TERRACE CAPE CORAL, FL 33909

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DO NOT WRITE IN THIS SPACE

04202007 No Chg-P CR2E034 (11/05) Applied For

4. FEI Number 65-0311563 5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIARDINA, RAYMOND A. 938 NE 7TH TERR CAPE CORAL, FL 33909

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accep		
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing . \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS				<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIARDINA, RAYMOND A. 938 NE 7TH TERRACE CAPE CORAL, FL	·		U00000770000			
TITLE NAME STREET ADDRESS CITY-SI-ZIP					000000726609 05/94/07-80015-007 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
NAME STREET ADDRESS CIFY-ST-ZIP							
TITLE							

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 supplier and 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 trusted 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

NAME STREET ADDRESS CITY-ST-ZIP