2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2006 08:00 AM Secretary of State

ANNOAL REPORT				Secretary of State
DOCUMENT # P04000137014				Secretary or State
1. Entity Name ADS POOL SERVICES, INC.				
Principal Plac	ce of Business	Mailing Address	· <u>·</u>	i
9821 NW 37	TTH ST NGS, FL 33065	9821 NW 37TH ST CORAL SPRINGS, FL 33065		·
S COMIC ST IN	100,112 30000	COMIL OF MINOS, LE 33000		{
			 	
DO NOT WRITE IN THIS SPACE			CE	03022006 No Chg-P CR2E034 (11/05)
				4. FEI Number Applied For 51-0524675 Not Applied For
				5 Cartilicate of Stetus Desired \$8.75 Additional
<u></u>	5. Name and Address of Current R	egistered Agent		Fee Required
				,
DISABATINO, AL 9821 NW 37TH ST				DO NOT WRITE
CORAL SPRINGS, FL 33065			1	IN THIS SPACE
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				
FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee will be \$550.00 7 rust Fund Contribution. Added to Fees				
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Y. Election Campaign Financing \$5.0 Trust Fund Contribution.				ed to Fees
10.	OFFICERS AND O	RECTORS		
TITLE NAME	DISABATINO, AL	:	į	
STREET ADDRESS	9821 NW 37TH ST		Ì	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	· · · · · · · · · · · · · · · · · · ·		000000516940 05/01/06-80024-016 150.00
NAME			ŧ	05/01/06-80024-016 150.00
STREET ADORESS			Į.	
CITY-ST-ZIP			1	:
TITLE NAME		•	1	
STREET ADDRESS			l	DO NOT MOST
CITY-ST-ZIP]	DO NOT WRITE
TITLE			ł	IN THIS SPACE
NAME STREET ADDRESS			1	iille ei ne
CITA - 21 - Vib			ł.	
ากเย			1	
NAME		•	1	
STREET ADDRESS			5	

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 regulated by Chapter 607, Florida Statutes; and that my name appears in Black 10 or Block 11 if changed, or on an attachment with an address, with all either like empowered.

SIGNATURE:

CHY-ST-ZIP
THLE
MAME
STREET ADDRESS

TATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/06 954-845-670)