2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 30, 2007 08:00 AM DOCUMENT # P95000043899 **Secretary of State** 1. Entity Name A CRYSTAL CLEAR POOL SERVICE, INC. Principal Place of Business Mailing Address 205 CARRIGAN BLVD. MERRITT ISLAND FL 32952 205 CARRIGAN BLVD. MERRITT ISLAND FL 32952 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 59-3339916 Not Applicable Country Zip \$8.75 Additional Country Zip 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo MORGAN, JONATHAN Street Address (P.O. Box Number is Not Acceptable) 205 CARRIGAN BLVD. MERRITT ISLAND FL 32952 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 (NOTE: Registered Agent signature required when remistating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Change HIII ☐ Delete TITLE MORGAN, JONATHAN B NAMI NAMI U00000610960 205 CARRIGAN BLVD. STREET ADDRESS STREET ADDRESS 02/02/07-80042-009 150.00 MERRITT ISLAND FL 32952 CITY-ST-7IP COY-SI-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7/P ☐ Delete HILE □ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CHY-ST-ZIP Delete HHC Change Addition NAME NAME STREEL ADDRESS STREET ADDRESS CDY+S1-7P CITY - ST- ZIP ☐ Defete ☐ Change ☐ Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIP IIII Delete mr. □ Change Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, that I am an efficer 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.

STREET ADDRESS

CHY-ST-ZIP

SIGNATURE: John G. Morgan Jovathan B. Morgan SIGNATURE: SIGNATURE AND TYPED OFFRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CHY+SI-ZIP

1/27/07 (321)543-7665