

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90031 035 ***150.00



DOCUMENT # P99000038513

1. Entity Name

ANASTASIA POOL SERVICE, INC.

Principal Place of Business

**243 ORCHIS ROAD
 SAINT AUGUSTINE FL 32086**

Mailing Address

**243 ORCHIS ROAD
 SAINT AUGUSTINE FL 32086**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



1st MOORE CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3574747

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE Delete

NAME **PD PERKINS, ROGER H**
 STREET ADDRESS **243 ORCHIS ROAD**
 CITY-ST-ZIP **CRESCENT BEACH FL 32086**

TITLE Delete

NAME **VP RAYNE, CATHERINE T**
 STREET ADDRESS **243 ORCHIS ROAD**
 CITY-ST-ZIP **CRESCENT BEACH FL 32086**

TITLE Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

NAME
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 CITY-ST-ZIP

TITLE Delete

NAME
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 CITY-ST-ZIP

TITLE Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition

NAME **Mickerson, Robert, W.**
 STREET ADDRESS **243 orchis Rd**
 CITY-ST-ZIP **St. Augustine, FL 32086**
Secretary

TITLE Change Addition

NAME **PD Perkins, Roger H.**
 STREET ADDRESS **243 orchis Rd.**
 CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE Change Addition

NAME **VP Rayne, Catharine**
 STREET ADDRESS **243 orchis Rd.**
 CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

NAME
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 CITY-ST-ZIP

TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: **Roger H. Perkins** **Roger H. Perkins**

1-17-06

(904)794-2696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #