2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 04, 2005 8:00 am Secretary of State **DOCUMENT # 506356** 03-04-2005 90094 003 ***150.00 1. Entity Name GLENN'S POOL SERVICE, INC. Principal Place of Business Mailing Address 50022599 1304 SW 160 AVE. 20340 NE 15 CT **BAY 148** PMB 643 SUNRISE, FL 33326 US MIAMI, FL 33179 2. Principal Place of Business Mailing Address 6306 Suite, Apt. #, etc. Suite, Apt. #, etc. 02072005 CR2E034 (10/03) Cha-P Applied For 4. FEI Number City & State City & State Not Applicable 59-1726868 Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILSON, JR, GLENN T Street Address (P.O. Box Number is Not Acceptable) 896 SAVANNAH FALLS DR WESTON, FL 33327 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change TITLE ☐ Defete TITLE WILSON, GLENN JR. NAME NAME 896 SAVANNAH FALLS DRIVE STREET ADORESS STREET ADDRESS CITY-ST-ZIP WESTON, FL CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE WILSON, JANICE H. NAME NAME 896 SAVANNAH FALLS DRIVE STREET ADDRESS STREET ADDRESS WESTON, FL CITY-ST-ZIP CITY-ST-7IP ☐ Delete ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #