


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90014 037 ***150.00

DOCUMENT # H06113	
1. Entity Name OSBORNE'S POOL SERVICE & SUPPLY, INC.	

Principal Place of Business 11461 S ORANGE BLOSSOM TR SUITE 5 ORLANDO, FL 32837 US	Mailing Address 11461 S ORANGE BLOSSOM TR SUITE 5 ORLANDO, FL 32837 US
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50019714

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05162006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2407669		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent OSBORNE, RUSSELL H JR 12240 KIRBY SMITH RD. ORLANDO, FL 32812		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 \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSBORNE, DONALD A 2939 CANOE CIRCLE ST. CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARRERO, HERIBERTO 2948 OAK TREE DR KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EUBANKS, JEFFREY SCOTT 997 N. LAKE CLARIE CR OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSBORNE, RUSSELL H JR. 12440 KIRBY SMITH ROAD ORLANDO, FL 32832 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Russell Osborne Jr* **Russell Osborne Jr** **5-22-06** **407-855-2588**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

DO NOT WRITE IN THIS SPACE
ATTACHMENT
50079214

05012006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2407669

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSBORNE, RUSSELL H JR
12240 KIRBY SMITH RD.
ORLANDO, FL 32812

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SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

DATE

→ FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election: Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OSBORNE, DONALD A
STREET ADDRESS	2939 CANOE CIRCLE
CITY-ST-ZIP	ST. CLOUD, FL 34772
TITLE	S
NAME	MARRERO, HERIBERTO
STREET ADDRESS	2948 OAK TREE DR
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	T
NAME	EUBANKS, JEFFREY SCOTT
STREET ADDRESS	997 N. LAKE CLARIE CR
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	VP
NAME	OSBORNE, RUSSELL H JR
STREET ADDRESS	12440 KIRBY SMITH ROAD
CITY-ST-ZIP	ORLANDO, FL 32832
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE:

Donald A. Osborne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-06

Date

407-855-2588

Daytime Phone #