

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # H42315**

1. Entity Name  
**POOLTECH SERVICES, INC.**



Principal Place of Business  
**3400B HIGHWAY 77  
PANAMA CITY, FL 32405**

Mailing Address  
**3400B HIGHWAY 77  
PANAMA CITY, FL 32405**



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2503088**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**RUPPEL, MIKE  
955 W. PIERSON DRIVE  
LYNN HAVEN, FL 32444**

**DO NOT WRITE  
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

(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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11000000686728  
04/10/07-80011-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STC  
RUPPEL, MIKE  
955 W. PIERSON DRIVE  
LYNN HAVEN, FL 32444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
RUPPEL, JEFF  
4505 HILLTOP LANE  
PANAMA CITY, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
RUPPEL, DAVID  
1307 E 24TH STREET  
PANAMA CITY, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

(Signature and typed or printed name of signing officer or director)

**3-26-07**

Date

Daytime Phone #