2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 08:00 A Secretary of State DOCUMENT # J53623 1. Entity Name BARB'S POOL SERVICE, INCORPORATED Principal Place of Business Mailing Address P. O. BOX 380575 1225 TAMIAMI TRAIL B 7 MURDOCK, FL 33938-0575 US MURDOCK, FL 33953 US 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2768141 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARONE, BARBARA A. DO NOT WRITE 17089 ORIENT AVE PORT CHARLOTTE, FL 33948 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BARONE, BARBARA A. NAME STREET ADDRESS 17089 ORIENT AVE CITY-ST-7IP PORT CHARLOTTE, FL 33948 U00000687914 TITLE 04/10/07-80059-012 150.ob NAME STREET ADDRESS CITY-SI-ZiP mı STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #