

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90013 022 \*\*\*150.00

<b>DOCUMENT # K67992</b> 1. Entity Name <b>ROTH'S POOL SERVICE, INC.</b>			
Principal Place of Business <b>536 DOVER DR S</b> <b>PO BOX 446</b> <b>ENGLEWOOD FL 34295-0446</b> <b>US</b>		Mailing Address <b>536 DOVER DR. S.</b> <b>P.O. BOX 446</b> <b>ENGLEWOOD FL 34295-0446</b> <b>US</b>	
2. Principal Place of Business <b>536 DOVER DR. S</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 2023</b> Suite, Apt. #, etc.	
City & State <b>ENGLEWOOD, FL</b> Zip <b>34223</b>		City & State <b>VENICE, FL</b> Zip <b>34284-2023</b>	
Country <b>US</b>		Country <b>U.S.</b>	
4. FEI Number <b>65-0102638</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ROTH, DENNIS G</b> <b>P.O. BOX 446</b> <b>536 DOVER DR. SOUTH</b> <b>ENGLEWOOD FL 34295</b>		7. Name and Address of New Registered Agent Name <b>ROTH, DENNIS G.</b> Street Address (P.O. Box Number is Not Acceptable) <b>536 DOVER DR. SOUTH</b> City <b>ENGLEWOOD</b> <b>FL</b> Zip Code <b>34223</b>	
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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	NAME <b>ROTH, DENNIS G.</b>	TITLE <b>P</b>	NAME <b>ROTH, DENNIS G.</b>
STREET ADDRESS <b>P.O. BOX 446., 536 DOVER DR. S.</b>	CITY-ST-ZIP <b>ENGLEWOOD FL 34295-0446</b>	STREET ADDRESS <b>536 DOVER DR. S</b>	CITY-ST-ZIP <b>ENGLEWOOD, FL 34223</b>
CITY-ST-ZIP <b>ENGLEWOOD FL 34295-0446</b>	CITY-ST-ZIP <b>ENGLEWOOD FL 34223</b>	CITY-ST-ZIP <b>ENGLEWOOD, FL 34223</b>	CITY-ST-ZIP <b>ENGLEWOOD, FL 34223</b>
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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.			
<b>SIGNATURE: <u>Dennis G. Roth</u> DENNIS G. ROTH 2-1-06 941-474-1389</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

