


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90101 007 \*\*\*\*50.00

**DOCUMENT # L04000000388**

1. Entity Name  
**AQUA BRIGHT POOL SERVICE, LLC**



Principal Place of Business  
**33040 LAKESHORE DR.  
 TAVARES FL 32778  
 US**

Mailing Address  
**P.O. BOX 1875  
 MT. DORA FL 32756  
 US**

2. Principal Place of Business  
**1200 E Alfred St**

3. Mailing Address  
**PO Box 1875**

Suite, Apt. #, etc.



1st MOORE CR2E083 (10/04)

City & State  
**Tavares FL**

City & State  
**Mt Dora FL**

Zip  
**32778**

Country  
**Lake**

Zip  
**32756**

Country

4. FEL Number  
**84-1634741**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**PERZYNSKI, NEAL T JR  
 1005 BRISTOL LAKES APTS.  
 APT. # 112  
 MT. DORA FL 32757**

7. Name and Address of New Registered Agent

Name  
**Neal T Perzynski Jr**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 E Alfred St**

City  
**Tavares FL**

Zip Code  
**32778**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PERZYNSKI, NEAL T JR P.O. BOX 1875 MT. DORA FL 32756</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Neal Perzynski 1/31/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #