


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90057 011 ****50.00

DOCUMENT # L04000020109 1. Entity Name ALL PRO POOL SERVICE LLC					
Principal Place of Business 5575 CHANTILLY CIRCLE MILTON, FL 32583			Mailing Address 5575 CHANTILLY CIRCLE MILTON, FL 32583		
2. Principal Place of Business Pensacola Circle 2220 Gloria Circle Suite, Apt. #, etc. #142		3. Mailing Address 2220 Gloria Circle Suite, Apt. #, etc. #142			
City & State Pen FL		City & State Pensacola FL		4. FEI Number 20-1725000	
Zip 32514		Country Escambia		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIVEY, VINCENT 5575 CHANTILLY CIRCLE MILTON, FL, FL 32583			7. Name and Address of New Registered Agent Name Vincent Spivey Street Address (P.O. Box Number is Not Acceptable) 2220 Gloria Circle #142 City Pen FL Zip Code 32514		
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 <u>Vincent Spivey</u> DATE <u>1-23-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPIVEY, VINCENT E 5575 CHANTILLY CIRCLE MILTON, FL 32583		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Spivey, Vincent E 2220 Gloria Circle #142 Pen FL 32514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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	
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: <u>Vincent Spivey</u>			Date <u>1-23-05</u> Daytime Phone # <u>850-418-0455</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					