


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90116 027 ****50.00

DOCUMENT # L05000022234					
1. Entity Name GULFSIDE POOL SERVICE, LLC					
Principal Place of Business 1712 PADDOCK CLUB DRIVE PANAMA CITY BEACH, FL 32407			Mailing Address 1712 PADDOCK CLUB DRIVE PANAMA CITY BEACH, FL 32407		
✓ New Address					
2. Principal Place of Business - No P.O. Box # 4600 Delwood Park Blvd			3. Mailing Address P.O. Box 19802		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Panama City Bch, FL		City & State Panama City Bch, FL		4. FEI Number 20-2442653	
Zip 32408		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CONGLETON, BRAD 50 UPTOWN GRAYTON CIRCLE SUITE 15 SANTA ROSA BEACH, FL 32459				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Brad Congleton</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SIGNATURE <i>Brad Congleton</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <i>4/16/07</i>	
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE MGR NAME WATSON, SPENCER STREET ADDRESS 1712 PADDOCK CLUB DRIVE CITY-ST-ZIP PANAMA CITY BEACH, FL 32407	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 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: <i>Spencer Watson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <i>4/16/07</i> Daytime Phone <i>(850) 532-9798</i>	