

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # L68023**

1. Entity Name  
**STONECIPHER POOL SERVICE, INC.**



Principal Place of Business  
**5121 PIONEER 7TH STREET  
CLEWISTON, FL 33440**

Mailing Address  
**P.O BOX 1658  
LA BELLE, FL 33975**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0196376**

Applied For  
Not Applied

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**STONECIPHER, M. DAN  
5121 PIONEER 7TH STREET  
CLEWISTON, FL 33440**

**DO NOT WRITE  
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT STONECIPHER, M. DAN 5121 PIONEER 7TH STREET CLEWISTON, FL 33440
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000000527715  
05/05/06-80007-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-06 863-983-8765  
Date Daytime Phone #