

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90022 033 ***150.00

DOCUMENT # M19663

1. Entity Name

PATIO AND POOL SCREENING SERVICES, CORP.



Principal Place of Business

**22705 JACKS BRANCH RD. SW
LABELLE FL 33935
US**

Mailing Address

**22705 JACKS BRANCH RD. SW
LABELLE FL 33935
US**

2. Principal Place of Business

**27205 JACKS BRAND RD SW
Suite, Apt. #, etc.**

3. Mailing Address

**27205 JACKS BRAND RD SW
Suite, Apt. #, etc.**



1st MOORE

CR2E034 (10/04)

City & State
LABELLE FL

City & State
LABELLE FL

4. FEI Number
59-2578890

Applied For
Not Applicable

Zip
33935

Country
GLADES

Zip
33935

Country
GLADES

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAESTRE, JOSE, I
27205 JACKS BRANCH RD. SW
LABELLE FL 33935**

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DS** ☐ Delete
NAME **MAESTRE, JOSE, I**
STREET ADDRESS **27205 JACKS BRANCH RD. SW**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **D** ☐ Delete
NAME **MAESTRE, ELSY**
STREET ADDRESS **27205 JACKS BRANCH RD. SW**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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.

SIGNATURE:

Jose I Maestre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE I MAESTRE 04-02-05 863-675-6770

Date

Daytime Phone #