

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # M96113

1. Entity Name  
ABRACADABRA POOL SERVICE, INC.



Principal Place of Business  
307 OCEAN AVE  
MELBOURNE BCH, FL 32951 US

Mailing Address  
307 OCEAN AVE  
MELBOURNE BCH, FL 32951 US

**FILED  
Mar 28, 2005 08:00 AM  
Secretary of State**



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2957673	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BURKE, MATTHEW T  
503 N ORLANDO AVENUE  
SUITE #106  
COCOA BEACH, FL 32931

**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, 2005 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	P SIMONE, MARINO M. 307 OCEAN AVE MELBOURNE BCH, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:

(Signature and typed or printed name of signing officer or director)

3-24-05

321-729-9689

Date

Daytime Phone #