


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90045 047 ***150.00

DOCUMENT # P00000031471			
1. Entity Name RALPH CARNATHAN POOL SERVICE & REPAIR, INC.			
Principal Place of Business 9430 SW 190 STREET MIAMI FL 33157		Mailing Address 9430 SW 190 STREET MIAMI FL 33157	
2. Principal Place of Business 4541 SW 44 LANE		3. Mailing Address 4541 SW 44 LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCAIA FL		City & State OCAIA FL	
Zip 34474	Country MARION	Zip 34474	Country MARION
6. Name and Address of Current Registered Agent CARNATHAN, RALPH E 9430 SW 190 STREET MIAMI FL 33157		7. Name and Address of New Registered Agent Name CARNATHAN RALPH E Street Address (P.O. Box Number is Not Acceptable) 4541 SW 44 LANE City OCAIA FL Zip Code 34474	
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 Ralph E Carnathan <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNATHAN, RALPH E 9430 SW 190 STREET MIAMI FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARNATHAN RALPH E 4541 SW 44 LANE OCAIA FL 34474 <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
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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: **Ralph E Carnathan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-05
Date

Daytime Phone #