

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000045227**



1. Entity Name  
**WAYNE SCHAEFER'S POOL SERVICE, INC.**

Principal Place of Business  
**9502 RIVER COVE DR  
RIVERVIEW, FL 33569**

Mailing Address  
**9502 RIVER COVE DR  
RIVERVIEW, FL 33569**



01312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-1113626** Applied For ☐ Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHAEFER, WAYNE  
9502 RIVER COVE DR  
BRANDON, FL 33511**

**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, type or print

Name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOVEMBER 15 \$150.00**  
**After May 1, 2006 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  
**PSTD  
SCHAEFER, WAYNE  
9502 RIVER COVE DR.  
RIVERVIEW, FL 33569**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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**U000000542270**  
**05/10/06-80090-020 150.00**

**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 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 owner 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #