

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90024 021 ***150.00

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1. Entity Name
BLUE SWAN POOL SERVICES, INC.



Principal Place of Business

**807 GASCON PLACE
TEMPLE TERRACE, FL 33617**

Mailing Address

**PO BOX 202891
TAMPA, FL 33687**

Please change mailing address

50064451



08252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3662743

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SWANSON, MARILYN L
807 GASCON PLACE
TEMPLE TERRACE, FL 33617**

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
SWANSON, MARILYN L
807 GASCON PLACE
TEMPLE TERRACE, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
SWANSON, EDWARD C
807 GASCON PLACE
TEMPLE TERRACE, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Marilyn L. Swanson* **Marilyn L. Swanson** **8-25-05** **813-833-3558**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #