

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000100788

FILED  
Mar 10, 2005  
Secretary of State

Entity Name: AACTION POOL CLEANING, INC.

## Current Principal Place of Business:

2828 201 OSPREY COVE PLACE  
KISSIMMEE, FL 34746

## New Principal Place of Business:

6615 LAKE EMMA ROAD  
GROVELAND, FL 34736

## Current Mailing Address:

2828 201 OSPREY COVE PLACE  
KISSIMMEE, FL 34746

## New Mailing Address:

6615 LAKE EMMA ROAD  
GROVELAND, FL 34736

FEI Number: 59-3684928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOMER, CLARK  
2828 201 OSPREY COVE PLACE  
KISSIMMEE, FL 34746 US

## Name and Address of New Registered Agent:

HOMER, CLARK  
6615 LAKE EMMA ROAD  
GROVELAND, FL 34736 US

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.

SIGNATURE:

03/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: HOMER, CLARK  
Address: 2828-201 OSPREY COVE PLACE  
City-St-Zip: KISSIMMEE, FL 34746

Title: VS ( ) Delete  
Name: MUMM, NANCY  
Address: 429 OTTER CREEK  
City-St-Zip: KISSIMMEE, FL 34743

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: HOMER, CLARK  
Address: 6615 LAKE EMMA ROAD  
City-St-Zip: GROVELAND, FL 34736

Title: VS (X) Change ( ) Addition  
Name: MUMM, NANCY  
Address: 2828 OSPREY COVE PLACE #201  
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARK HOMER

PRES

03/10/2005

Electronic Signature of Signing Officer or Director

Date