

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000105190

FILED  
Mar 21, 2005  
Secretary of State

Entity Name: MICHAEL STEIN POOL CARE, INC.

## Current Principal Place of Business:

720 NE 25TH AVENUE  
#33  
CAPE CORAL, FL 33909 US

## Current Mailing Address:

PO BOX 100492  
CAPE CORAL, FL 33910

## New Principal Place of Business:

715 NW 19TH PLACE  
SUITE 24  
CAPE CORAL, FL 33909 US

## New Mailing Address:

FEI Number: 65-1058728      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEIN, MICHAEL  
720 NE 25TH AVE.  
#33  
CAPE CORAL, FL 33909 US

## Name and Address of New Registered Agent:

STEIN, MICHAEL  
PO BOX 100492  
CAPE CORAL, FL 33910 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/21/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: STEIN, MICHAEL G  
Address: 720 N.E. 25TH AVENUE #33  
City-St-Zip: CAPE CORAL, FL 33909

Title: VPS ( ) Delete  
Name: STEIN, GINA  
Address: 720 N.E. 25TH AVENUE #33  
City-St-Zip: CAPE CORAL, FL 33909

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: STEIN, MICHAEL G  
Address: PO BOX 100492  
City-St-Zip: CAPE CORAL, FL 33910

Title: VPS (X) Change ( ) Addition  
Name: STEIN, GINA  
Address: PO BOX 100492  
City-St-Zip: CAPE CORAL, FL 33910

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: WALLY V CORDELL

Electronic Signature of Signing Officer or Director

CPA

03/21/2005

Date