



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90030 015 \*\*\*150.00

<b>DOCUMENT # P01000044083</b> 1. Entity Name <b>FREEPORT POOL SERVICE, INC.</b>					
Principal Place of Business <b>3420 WESTVIEW DR. NAPLES, FL 34104</b>				Mailing Address <b>3420 WESTVIEW DR. NAPLES, FL 34104</b>	
2. Principal Place of Business <b>4166 Progress Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>4166 Progress Ave</b> Suite, Apt. #, etc.			
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>		4. FEI Number <b>59-3718461</b>	
Zip <b>34104</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>THRELKELD, THOMAS L 3420 WESTVIEW DR. NAPLES, FL 34104</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: <b>D</b> <input type="checkbox"/> Delete NAME: <b>THRELKELD, THOMAS L</b> STREET ADDRESS: <b>421 RIDGE DR.</b> CITY-ST-ZIP: <b>NAPLES, FL 34104</b>			TITLE: <b>D/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>Threlkeld, Thomas L</b> STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <b>D</b> <input type="checkbox"/> Delete NAME: <b>KLINE, BRAD</b> STREET ADDRESS: <b>330 ROUND TABLE CT.</b> CITY-ST-ZIP: <b>NAPLES, FL 34112</b>			TITLE: <b>D/V/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: <b>3030 Round Table CT</b> CITY-ST-ZIP: <b>Naples, FL 34112</b>		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <b>D/ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>Threlkeld, Maria</b> STREET ADDRESS: <b>421 Ridge Dr</b> CITY-ST-ZIP: <b>Naples, FL 34104</b>		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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: <b>Brad S. Kline</b> <b>3/21/05</b> <b>239-263-7022</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					