2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000044838

1. Entity Name
ACME POOL SERVICE, INC.

Principal Place of Business	Mailing Address
1888 MORRIS ST	1888 MORRIS ST
SARASOTA, FL 34239	SARASOTA, FL 34239

DO NOT WRITE IN THIS SPACE

04282005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3730624	Not Applicable

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

6. Name and Address of Current Registered Agent

MCGINNESS, W. LEE
1800 SECOND ST STE 971
SARASOTA, FL 34236

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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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BELL, EDWARD F
STREET ADDRESS	1888 MORRIS ST
CITY-ST-ZIP	SARASOTA, FL 34239

TITLE	VPS
NAME	BELL, MARGARET
STREET ADDRESS	1888 MORRIS ST
CITY-ST-ZIP	SARASOTA, FL 34239

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/02/05-80002-001 150.00

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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: _Margaret J Bell, V.P._   4/23/05   941 748 0139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   _Margaret J Bell_   Date   Daytime Phone #