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PLEASE F	ŘEAD ALL	INSTRUCTIONS	BEFORE C	OMPLETING T	THIS FORM.
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	RPORATION STATEMENT		S	DEPARTMENT OF Secretary of State	STATE	05 _SEC	FIL E	110.0-	·
DOCUMENT # PO 10000 53657 1. Corporation Name Xtreme Pool Care, Inc.						I ALL	AHASSEE, F	STATE LORIDA	
						REIN	STATE	MENT 6	205
·				3. Mailing Office Address 380 South State Road 434		<i>4</i> .			
Suite, Apt. #, etc. 1004-319			Suite, Apt. #, etc. 1004-319				orated or Qualified	05/23/2001	·
City & State Altamonte Springs FL		City & State Altamonte Springs FL			5. FEI Numbe		Show App	plied For	
Zip 32714	Country		Zip 32714	Country USA		6. CERTIFICATE	OF STATUS DESIRE	60.75	Fee required
			7. N	ame and Address of Curre	nt Register	ed Agent			
	Name Matt Szafran 900047542079 Street Address (P.O. Box Number is Not Acceptable) 03/02/05-01007-003 **1208.75 380 South State Road 434								75
	Suite, Apt. #, Etc. 1004-319						State Zip Co	da	
	Altamonte Spring	gs	•				FL 32714		
8. I, being Signature of Registered		Do		ration, am familiar with and a	ocept the o	bligations of section	on 607.0505 or 617 Date		
9. Names	and Street Addresses of E	ach Officer an	d/or Director (Flor	rida nonprofit corporations m	ust fist at le	ast 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip			
Pres	Matt Szafran			380 South State Road 434, Suite 100		Altamonte Springs FL 32714			
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this rein owed b	nstatement application, the y the corporation have be application is true application	reason for disc n-paid and the	solution has been names of individu signature shall had	repowered to execute this app eliminated, the corporate na uals listed on this form do not we the same legal effect as if t Szafran	me satisfies t qualify for a	the requirements an exemption und roath.	of section 607,040	1 or 617.0401, F.S., that	t att fees
SIGNATURE (IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									