

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000106305	
1. Entity Name TED'S POOL REPAIR & LEAK DETECTION, INC.	

Principal Place of Business 1417 S.E. 1ST TERRACE CAPE CORAL, FL 33990	Mailing Address 1417 S.E. 1ST TERRACE CAPE CORAL, FL 33990
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03082008 No Chg-P GR2E034 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1151706	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAFT, EDWARD M JR 1417 SE 1ST TERRACE CAPE CORAL, FL 33990
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IN THIS SPACE**

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 resigning) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1100000470947
03/28/06-80034-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAFT, EDWARD M JR 1417 SE 1ST TERRACE CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD TAFT, SHERRY L 1417 SE 1ST TERRACE CAPE CORAL, FL 33990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Sherry Taft* *Sherry Taft* **3/14/06** **239-772-9555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #