2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 24, 2006 08:00 AM DOCUMENT # P02000000116 **Secretary of State** LIFESAVER POOL FENCE OF CENTRAL FLORIDA INC. Principal Place of Business Mailing Address 203 W MAGNOLIA OVIEDO FL 32765 PO BOX 622090 OVIEDO FL 32762 2. Principal Place of Business 3. Mading Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 01-0713657 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COMPAGNONE, FRANK Street Address (P.O. Box Number is Not Acceptable) 203 W MAGNOLIA ST **OVIEDO FL 32765** 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May & After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 to. OFFICERS AND DIRECTORS TITLE Delete 3313.5 ☐ Change ☐ Addition U00000446595 NAME COMPAGNONE, FRANK NAME U3/U8/06-80018-013 150.00 STREET ADDRESS 203 W MAGNOLIA ST STREET ADDRESS CITY-ST-77P **OVIEDO FL 32765** CITY-ST-ZIP TITLE Detete me ☐ Change Ağılılı NAMO NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete DILLE Change □ (Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-709 TITLE ☐ Defete 1m.e ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change E Again MAME NAME STREET ACCINESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 33T1 5 Delete une ☐ Change Marine Marine NAME NAME STREET ADDRESS STREET ADDRESS CITY-S7-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 irustee 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.

Pres

SIGNATURE:

FILED

407-365-240

2-17-06