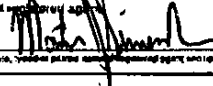
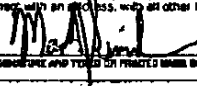


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90424 050 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000044241			
1. Entity Name MARTY'S POOL SERVICE, INC.			
Principal Place of Business 510 SHANE CIRCLE WINTER SPRINGS, FL 32708		Mailing Address 510 SHANE CIRCLE WINTER SPRINGS, FL 32708	
2. Principal Place of Business 25304 SAINT ANNE ST State, Apt. #, etc.		a. Mailing Address 25304 SAINT ANNE ST State, Apt. #, etc.	
City & State Sorrento, FL		City & State Sorrento, FL	
Zip 32796		Zip 32796	
Country		Country	
4. FEI Number 03-0438204		Applied For (Not Applicable)	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SIMMERMACHER, MARTIN J 510 SHANE CIRCLE WINTER SPRINGS, FL 32708		7. Name and Address of New Registered Agent None	
		Street Address (P.O. Box Number is Not Acceptable) 25304 SAINT ANNE STREET	
		City Sorrento	
		FL Zip Code 32796	
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, my new agent.			
SIGNATURE 		DATE 4-27-05	
FILE NOW: FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SIMMERMACHER, MARTIN J 510 SHANE CIRCLE WINTER SPRINGS, FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	25304 SAINT ANNE STREET Sorrento, FL 32796 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 the empowered.			
SIGNATURE: 		DATE 4-27-05	

40074251

