13:50 APR 27, 2005 TO: CISA FR: SHELLEY

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.

40074251

Principal Place of Business	Mailing Address
510 SHANE CIRCLE WINTER SPRINGS, FL 32708	510 SHANE CIRCLE WINTER SPRINGS, FL 32708

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
25304 Saint Anne St	25304 Saint Anne St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sorrento, FL	City & State: Sorrento, FL
Zip: 32776 Country	Zip: 32776 Country

4. FEI Number: 03-0436204 — 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

Name:
Street Address (P.O. Box Number is Not Acceptable): 25304 SAINT ANNE STREET
City: Sorrento FL Zip Code: 32776

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] 4-27-05
Signature, typed or printed name of registered agent and title if applicable — DATE
(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMMERMACHER, MARTIN J 510 SHANE CIRCLE WINTER SPRINGS, FL 32708 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	25304 Saint Anne Street Sorrento, FL 32776 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #