2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Apr 10, 2006 08:00 AM Secretary of State DOCUMENT #-P02000096370 1. Entity Name FLORIDA'S FINEST POOL SERVICE, INC. Principal Place of Business Mailing Address 22006 YACHTCLUB TERRACE LAND O' LAKES FL 34639 22006 YACHTCLUB TERRACE LAND O' LAKES FL 34639 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Act. ff, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 04-3711683 Not Applied Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THOMOPALOS, STEVEN P Street Address (P.O. Box Number is Not Acceptable) 22006 YACHTCLUB TERRACE LAND O' LAKES FL 34639 City Zip Code 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 account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent SIGNATURE Signature, types их режес выям об regulatered agent and tino в applicable DATE (NOTE Registered Agent signalitie required when roinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Add TITLE ☐ Delete THE THOMOPALOS, STEVEN P NAME 000000498015 04/22/06-80078-007 150.00 MARKE STREET ADDRESS STREET ADDRESS 22006 YACHTCLUB TERRACE CITY-ST-ZIP LAND O' LAKES FL 34639 CITY-SI-AP TITLE Delete TITLE ☐ Change ☐ Ad-HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ A. ☐ Defete TITLE THE NAME NAME STRLET ACCRESS STREET ADDRESS CITY-57-71P CITY-ST-ZIP TITLE ☐ Defete TOTLE ☐ Change A. NAME NAME STREET ADDRESS STREET ADORESS City-S1-ZiP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Aci TITLE THE NAME NAME STREET AODRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-719

12. I hereby certify that the information supplied with this filing does not qualify 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 direct 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Mesdent

**FILED** 

2/1/06 813-929-0478