2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Mar 15, 2005 8:00 am Secretary of State DOCUMENT # P03000010229 1. Entity Name 03-15-2005 90034 035 ***150.00 IN & OUT POOL SERVICE, INC. Principal Place of Business Mailing Address 1150 VIAJARDIN RIVIERA BEACH FL 33418 1150 VIAJARDIN RIVIERA BEACH FL 33418 2. Principal Place of Business St. 840 Court 3. Mailing Address Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State Beach Gandyns R 4. FEI Number Applied For 02-0670285 Not Applicable pountry alm \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARPENITO, PHILLIP M Street Address (P.O. Box Number is Not Acceptable) 1150 VIAJARDIN **RIVIERA BEACH FL 33418** 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 accept the obligations of registe 3-9-0S SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE TITI F ☐ Delete Court 811 CARPENITO, PHILLIP M NAME NAME Beach Gandons, FC 1150 VIAJARDIN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL 33414 CITY-ST-ZIP 334ル Delete Change □ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 trust the empowered to execute this report of required by Chapter 607; Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

S OFFICER OR DIRECTOR

Date

Daytme Phone #

FILED