

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000030867		
1. Entity Name LAKE & SUMTER POOL CARE, INC.		

Principal Place of Business 4240 CHRISTMAS LANE LADY LAKE FL 32159	Mailing Address 4240 CHRISTMAS LANE LADY LAKE FL 32159
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number **02-0681314** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent STIENSTRA, RYAN D 4240 CHRISTMAS LANE LADY LAKE FL 32159		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when revoking) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Added to Fee**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STIENSTRA, RYAN D 4240 CHRISTMAS LANE LADY LAKE FL 32159	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(000000432257 02/23/06-80061-019 150.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST COPELAND, MARIA P 4240 CHRISTMAS LANE LADY LAKE FL 32159	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add
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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 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: *R. D. Stienstra* **RYAN D STIENSTRA** 2-8-06 352-516-7