

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054523

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** ACCURATE POOL SERVICES OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

3617 CROWN PT RD STE #1  
JACKSONVILLE, FL 32241

**New Principal Place of Business:**

3617 CROWN POINT ROAD  
SUITE # 2  
JACKSONVILLE, FL 32241

**Current Mailing Address:**

P.O.BOX 24668  
JACKSONVILLE, FL 32241

**New Mailing Address:**

**FEI Number:** 05-0571417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERNANDEZ, MEREDITH A  
3617 CROWN PT RD STE #2  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

HERNANDEZ, MEREDITH A  
3617 CROWN POINT ROAD  
SUITE # 2  
JACKSONVILLE, FL 32257 US

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.

**SIGNATURE:** MEREDITH ALLEN HERNANDEZ

04/26/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCCALL, CHRISTOPHER S  
Address: P.O.BOX 24668  
City-St-Zip: JACKSONVILLE, FL 32241

Title: STD ( ) Delete  
Name: MCCALL, DEBRA A  
Address: P.O.BOX 24668  
City-St-Zip: JACKSONVILLE, FL 32241

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CHRISTOPHER S MCCALL

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04/26/2005

Electronic Signature of Signing Officer or Director

Date