


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90127 025 ***150.00

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|---|---|--|
| DOCUMENT # P03000086231 1. Entity Name BEL AIR POOL & SPA SERVICE, INC. | |  |
| Principal Place of Business 1509 LILY POND COURT FORT MYERS FL 33901 | | Mailing Address 5121 WEST HYDE PARK DRIVE #204 FORT MYERS FL 33912 |
| 2. Principal Place of Business 2206 Andrea Ln. Suite, Apt. #, etc. C-D City & State Fort Myers FL Zip 33912 | 3. Mailing Address 5121 W. Hyde Pk. Ct Dr. Suite, Apt. #, etc. 204 City & State Fort Myers FL Zip 33912 | |
| 4. FEI Number 27-0064928 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 1st MOORE CR2E034 (10/04) |
| 6. Name and Address of Current Registered Agent KNOTT, GEORGE H ESQ KNOTT CONSOER EBELINI HART & SWEET PA 1625 HENDRY STREET STE 301 FORT MYERS FL 33901 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D CHAMBERS, SCOTT D <input checked="" type="checkbox"/> Delete 1509 LILY POND COURT Address Change Fort Myers FL 33901 | TITLE NAME STREET ADDRESS CITY-ST-ZIP President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition chambers, Scott D. 5121 W. Hyde Park Ct. Unit 204 Fort Myers FL 33912 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jennifer H. Sammons 5121 W. Hyde Pk. Court Unit 204 Fort Myers Florida 33912 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/05 239-415-1773

Date

Daytime Phone #