


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90372 020 \*\*\*150.00

|   |  |   |
|---|--|---|
| <b>DOCUMENT # P03000086231</b>                                |  |  |
| 1. Entity Name<br><b>BEL AIR POOL &amp; SPA SERVICE, INC.</b> |  |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>2206 ANDREA LANE<br/>C-D<br/>FORT MYERS, FL 33912</b> | Mailing Address<br><del>5121 WEST HYDE PARK DRIVE</del><br><del>#204</del><br><del>FORT MYERS, FL 33912</del> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>13901 BENTLY CIR.</b><br>Suite, Apt. #, etc. |
|---|---|

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| City & State<br><b>FT. MYERS, FL</b> | City & State<br><b>FT. MYERS, FL</b> |
| Zip<br><b>33912</b>                  | Country<br><b>LEE</b>                |



02212006 Chg-P CR2E034 (11/05)

|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>27-0064928</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |  |
| 6. Name and Address of Current Registered Agent<br><b>KNOTT, GEORGE H ESQ<br/>KNOTT CONSOER EBELINI HART &amp; SWEET PA<br/>1625 HENDRY STREET STE 301<br/>FORT MYERS, FL 33901</b> |  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

|  |   |  |  |
|--|---|--|--|
| 10. OFFICERS AND DIRECTORS                     |   | 11. DIRECTORS IN 11                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>CHAMBERS, SCOTT D<br>5121 W HYDE PARK LANE UNIT 204<br>FORT MYERS, FL 33912<br><input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>SAMMONS, JENNIFER<br>5121 W HYDE PARK CRT UNIT 204<br>FORT MYERS, FL 33912<br><input type="checkbox"/> Delete<br><i>Address Change</i> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Change <input type="checkbox"/> Addition |
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**Scott Chambers  
Jennifer Chambers  
13901 Bently Circle  
Ft Myers FL 33912  
Scott Chambers  
Jennifer Chambers  
13901 Bently Circle  
Ft. Myers, FL 33912**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Scott D. Chambers* **SCOTT D. CHAMBERS** 2/20/06 (633-5230)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #