


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000106441**

1. Entity Name  
**FINKS POOL SERVICE, INC.**



Principal Place of Business      Mailing Address

2495 WESTMINSTER DRIVE      2495 WESTMINSTER DRIVE  
 COCOA, FL 32926                  COCOA, FL 32926

**DO NOT WRITE IN THIS SPACE**



01182005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**90-0120102**      Not Applicable

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

6. Name and Address of Current Registered Agent

**MARK C. MASON, CPA**  
 1757 FOUR MILE COVE PKWY  
 325  
 CAPE CORAL, FL 33990

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINK, JEFFREY L SR. 2495 WESTMINSTER DRIVE COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FINK, YVONNE K 2495 WESTMINSTER DRIVE COCOA, FL 32926
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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)(f), 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:** *Yvonne K Fink*      **3-31-05**      **321-632-6093**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #