

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90307 015 ***150.00

DOCUMENT # P03000106441



1. Entity Name
FINKS POOL SERVICE, INC.

Principal Place of Business
**2495 WESTMINSTER DRIVE
 COCOA, FL 32926**

Mailing Address
**2495 WESTMINSTER DRIVE
 COCOA, FL 32926**

60024731



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

03302006 Chg-P CR2E034 (11/05)

4. FEI Number
90-0120102

Applied For
 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**

7. Name and Address of New Registered Agent

Name **YVONNE K. FINK**
 Street Address (P.O. Box Number is Not Acceptable)
2495 WESTMINSTER DRIVE
 City **COCOA** FL Zip Code **32926**

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 *[Signature]* **YVONNE K FINK** S/T DATE **3-31-06**

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, 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | FINK, JEFFREY L SR. | |
| STREET ADDRESS | 2495 WESTMINSTER DRIVE | |
| CITY-ST-ZIP | COCOA, FL 32926 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | FINK, YVONNE K | |
| STREET ADDRESS | 2495 WESTMINSTER DRIVE | |
| CITY-ST-ZIP | COCOA, FL 32926 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | FINK, YVONNE K | |
| STREET ADDRESS | 2495 WESTMINSTER DRIVE | |
| CITY-ST-ZIP | COCOA, FL 32926 | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *[Signature]* **YVONNE K FINK** DATE **3-31-06** DAYTIME PHONE # **321-632-6093**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR