


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90040 048 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P03000107538</b>                            |  |
| 1. Entity Name<br><b>TROPICAL WATERS POOL SERVICE INC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>2380 SW WOODBRIDGE STREET<br/>PORT ST LUCIE, FL 34593</b> | Mailing Address<br><b>2380 SW WOODBRIDGE STREET<br/>PORT ST LUCIE, FL 34593</b> |
|---|---|

**60033227**



|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>2380 SW WOODBRIDGE STREET</b> | 3. Mailing Address<br><b>2380 SW WOODBRIDGE STREET</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                                    |

03252007 Chg-P CR2E034 (12/06)


|   |                                      |
|---|--------------------------------------|
| City & State<br><b>PORT ST LUCIE FL</b> | City & State<br><b>PORT ST LUCIE</b> |
| Zip<br><b>34953-2664</b>                | Country<br><b>ST LUCIE</b>           |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>05-0587357</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>JOSEPH E. IACIOFOLI JR PA<br/>15133 BANGURY WAY<br/>WELLINGTON, FL 33414</b> |  |
|--|--|

|   |  |
|---|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>15096 CORBY COURT</b><br>City <b>Wellington</b> <b>FL</b> Zip Code <b>33414</b> |  |
|---|--|

|   |   |                        |
|---|---|------------------------|
| 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<br>   | <b>JOSEPH E. IACIOFOLI JR</b><br>(NOTE: Registered Agent signature required when reinstating) | <b>3/15/07</b><br>DATE |

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

|   |                                    |
|---|------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/D<br>WATERS, DANIEL D<br>2380 SW WOODBRIDGE STREET<br>PORT ST LUCIE, FL 34593 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST/D<br>WATERS, DAWN M<br>2380 SW WOODBRIDGE STREET<br>PORT ST LUCIE, FL 34593 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  | <b>3/15/07</b> <b>772-891-8934</b><br>Date Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             |  |