

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000118700

1. Entity Name
AMERICAN POOL SERVICE & REPAIRS, INC.



Principal Place of Business
96612 CHESTER ROAD
YULEE, FL 32097

Mailing Address
96612 CHESTER ROAD
YULEE, FL 32097



07022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1190756

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUNMAN, REBA M
96612 CHESTER ROAD
YULEE, FL 32097

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000570241
07/14/06-80005-020 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUNMAN, REBA M
STREET ADDRESS	76612 CHESTER RD.
CITY-ST-ZIP	YULEE, FL 32097
TITLE	V
NAME	DUNMAN, DAVID A
STREET ADDRESS	96612 CHESTER RD.
CITY-ST-ZIP	YULEE, FL 32097
TITLE	S
NAME	DUNMAN, TODD B
STREET ADDRESS	2806 APT. B
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Reba Dunman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-506 964-491-0013

Date

Daytime Phone #