

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

|   |   |
|---|---|
| DOCUMENT # P03000118700<br>1. Entity Name<br><b>AMERICAN POOL SERVICE &amp; REPAIRS, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>96612 CHESTER ROAD<br/>         YULEE, FL 32097</b> | Mailing Address<br><b>96612 CHESTER ROAD<br/>         YULEE, FL 32097</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



07022006 No Chg-P CR2E034 (11/05)

|   |   |  |
|---|---|--|
| 4. FEI Number<br><b>57-1190756</b>                        | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> |   | <b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE **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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>DUNMAN, REBA M<br/>76612 CHESTER RD.<br/>YULEE, FL 32097</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>DUNMAN, DAVID A<br/>96612 CHESTER RD.<br/>YULEE, FL 32097</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>DUNMAN, TODD B<br/>2806 APT. B<br/>FERNANDINA BEACH, FL 32034</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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 **7-506 964-491-0013**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #