

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90466 038 \*\*\*150.00

**60032363**



<b>DOCUMENT # P03000124999</b> 1. Entity Name <b>BURNS POOL SERVICE, INC.</b>					
Principal Place of Business <b>10896 W COLONIAL DRIVE OCFEE, FL 34761</b>			Mailing Address <b>PO BOX 850 WINDERMERE, FL 34786</b>		
2. Principal Place of Business <b>382 CALLIOPE STREET</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>OCFEE FL</b>		City & State		4. FEI Number <b>20-0864760</b>	
Zip <b>34761</b>		Country <b>U.S.A.</b>		Zip Country	
6. Name and Address of Current Registered Agent  <b>BURNS, JOSEPH MR 15504 AMBERBEAM BLVD WINTER GARDEN, FL 34787</b>				7. Name and Address of New Registered Agent Name <b>JOSEPH BURNS</b> Street Address (P.O. Box Number is Not Acceptable) <b>382 CALLIOPE STREET</b> City <b>OCFEE FL</b> Zip Code <b>34761</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 <u><i>Joe Burns</i></u> <b>JOSEPH BURNS</b> DATE <u><i>4/26/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, JOSEPH 15504 AMBERBEAM BLVD WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, JOSEPH 382 CALLIOPE STREET OCFEE, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, JENNY 15504 AMBERBEAM BLVD WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, JENNY 382 CALLIOPE STREET OCFEE, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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: <u><i>Joe Burns</i></u> <b>JOSEPH BURNS</b>			Date <u><i>4/26/06</i></u> Daytime Phone # <u><i>407 654 0707</i></u>		