## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 12, 2006 8:00 am Secretary of State **DOCUMENT # P03000125165** 04-12-2006 90076 015 \*\*\*158.75 NEWMAN'S POOL MAINTENANCE SERVICE, CO. Principal Place of Business Mailing Address . **५**00-6005 N. WICKHAM ROAD 444 BRIDGETOWN COURT **UNIT A74** SATELLITE BEACH, FL 32937 US MELBOURNE, FL 32940 2. Principal Place of Business 3207 Suite, Apt. #, etc. 01102006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For ocoa 04-3779360 Not Applicable BREVAR Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Newman NEWMAN, WADE B Box Number is Not Acceptate OUNTRY 444 BRIDGETOWN COURT SATELLITE BEACH, FL 32937 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. 3/30/04 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE ☐ Delete TITLE Change NAME NEWMAN, WADE B NAME 40 COUNTRY CIUB RD. STREET ADORESS 444 BRIDGETOWN COURT STREET ADDRESS COCOA BEACH, FL 32931 CITY-ST-ZIP SATELLITE BEACH, FL 32937 CITY-ST-ZIP TITLE TITLE ☐ Delete HO COUNTRY CLUBRO NAME NEWMAN, DEBORAH Q NAME STREET ADDRESS 444 BRIDGETOWN COURT STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 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.

CWMON DEBORAHO NEWMAN 3/30/06

FILED