## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P03000126455

FILED Apr 06, 2006 Secretary of State

Entity Name: CHOICE POOL & PRESSURE CLEANING SERVICE INC

Current Principal Place of Business: New Principal Place of Business:

27404 IMPERIAL OAKS CIRCLE BONITA SPRINGS, FL 34135

Current Mailing Address: New Mailing Address:

27404 IMPERIAL OAKS CIRCLE BONITA SPRINGS, FL 34135

FEI Number: 20-0376796 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MYERS, RYAN W
27404 IMPERIAL OAKS CIRCLE
BONITA SPRINGS, FL 34135 US
MYERS, GABRIELE
27404 IMPERIAL OAKS CIRCLE
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE: GABRIELE MYERS 04/06/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: PSTD (X) Change ( ) Addition Name: MYERS, RYAN W Name: MYERS, GABRIELE

Name:MYERS, RYAN WName:MYERS, GABRIELEAddress:27404 IMPERIAL OAKS CIRCLEAddress:27404 IMPERIAL OAKS CIRCLE

Address: 2/404 IMPERIAL OARS CIRCLE Address: 2/404 IMPERIAL OARS CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

Title: V (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MYERS, GABRIELE
 Name:

 Address:
 27404 IMPERIAL OAKS CIRCLE
 Address:

 City-St-Zip:
 BONITA SPRINGS, FL 34135
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIELE MYERS PSTD 04/06/2006