## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## May 10, 2007 8:00 am Secretary of State **DOCUMENT # P03000128488** 1. Entity Name 05-10-2007 90022 042 \*\*\*150.00 R&K POOL MECHANICS & CONTROL, INC. Principal Place of Business Mailing Address 5331 TREIG LANE 5331 TREIG LANE WESLEY CHAPEL, FL 33544 WESLEY CHAPEL, FL 33544 2. Principal Place of Business - No P.O. Box # 4515 Whire Bay Cir. Suite, Apt. #, etc. 3. Mailing Address 4515 White Bay Cir. 05042007 Chg-P CR2E034 (12/06) Wesley Chape 4. FEI Number Applied For 90-0117982 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name KNAPKE, DANIEL A 5331 TREIG LANE WESLEY CHAPEL, FL 33544 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 a sept SIGNATURE d agent and title if applicable (NCTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ■ Delete Addition KNAPKE, DANIEL A NAME NAME 5331 TREIG LANE STREET ADDRESS STREET ADORESS CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CITY-ST-ZIP Delete TITLE TITI F ☐ Addition Knapke, Elizabe KNAPLE, ELIZABETH A NAME NAME STREET ADORESS 5331 TREIG LANE STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME. STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 Addition TITLE Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiverer instead 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 add ier like erzoowered. SIGNATURE:

**FILED**