2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 27, 2006 8:00 am Secretary of State **DOCUMENT # P03000132053** 03-27-2006 90248 026 ***150.00 MANÁTEE POOL SERVICE, INC. Principal Place of Business Mailing Address P. O., BOX 14517 207 29TH STREET NW BRADENTON, FL 34205 BRADENTON, FL 34280 2. Principal Place of Business 3. Mailing Address 6316 4TH AVE Suite, Apt. #, etc. Suite. Act. #. etc. 02182006 CR2E034 (11/05) City & State BRASENTON City & State 4. FEI Number Applied For 20-0394718 Not Applicable Country Zip 4209 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOSS , TRACKY T. MOSS, TRACEY T 207 29TH STREET NW BRADENTON, FL 34205 BRADENTON 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MOSS, TRACEY T. Delete Change Addition TITLE TITLE MOSS, TRACEY T NAME 6316 4TH AVENUE NIND BRANENTON, FL 34209 207 29TH STREET NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change Addition MOSS, JEFFERY G NAME NAME STREET ADDRESS 300 48TH STREET WEST STREET ADDRESS CITY-ST-77P BRADENTON, FL 34209 CITY-ST-7/P TITLE ☐ 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 TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 received 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 properties the empowered. SIGNATURE: _

WITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED