

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90035 029 ***150.00

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1. Entity Name
MANATEE POOL SERVICE, INC.



Principal Place of Business
**6316 4TH AVE NW
BRADENTON, FL 34209 US**

Mailing Address
**P. O. BOX 14517
BRADENTON, FL 34280 US**

DO NOT WRITE IN THIS SPACE



02172007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0394718

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOSS, TRACEY T
6316 4TH AVENUE NW
BRADENTON, FL 34209**

NOTE: SHOULD BE

NW

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOSS, TRACEY T
STREET ADDRESS	6316 4TH AVENUE NW
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	VP
NAME	MOSS, JEFFERY G
STREET ADDRESS	300 48TH STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Tracey T Moss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/07 *941-792-4600*

Date

Daytime Phone #