## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## Apr 13, 2007 8:00 am Secretary of State **DOCUMENT # P03000137669** 04-13-2007 90187 029 \*\*\*150.00 MCROBERTS POOL SERVICE, INC. Principal Place of Business Mailing Address DUUJOAIA 3935 N. US # 1 4255 HESS AVE COCOA, FL 32926 COCOA, FL 32926 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202007 Cha-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 37-1483796 Not Applicable Country Zip Country 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 MCROBERTS, SALLY A Street Address (P.O. Box Number is Not Acceptable) 4255 HESS AVE COCOA, FL 32926 City Zip Code FI 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. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TELLE ☐ Channe ■ Addition MCROBERTS, SALLY A NAME NAME STREET ADDRESS 4255 HESS AVE STREET ADDRESS COCOA, FL 32926 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition SALIS, BRENDA J NAME NAME STREET ADDRESS 4255 HESS AVE STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ■ Addition WHITE, LAURA NAME STREET ADDRESS 1695 YATES DR STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE Delete TITLE 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 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.

AME OF SIGNING OFFICER OR DIRECTOR

**FILED**