

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 a
Secretary of State

01-07-2005 90019 042 ***150.00

DOCUMENT # P03000140605

1. Entity Name
SUNSHINE POOL SERVICE AND REPAIR, INC.



Principal Place of Business Mailing Address
2300 SW 48 AVE **2300 SW 48 AVE**
OCALA, FL 34474 **OCALA, FL 34474**

00000609



2. Principal Place of Business 3. Mailing Address

Sube, Apt. #, etc. Sube, Apt. #, etc.

01052005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
45-0529230 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DECKER, RALPH K JR.
2300 SW 48 AVE
OCALA, FL 34474

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPV	<input type="checkbox"/> Delete
NAME	DECKER, RALPH K JR	
STREET ADDRESS	2300 SW 48 AVE	
CITY- ST- ZIP	OCALA, FL 34474	
TITLE	DST	<input type="checkbox"/> Delete
NAME	DECKER, GLORIA L	
STREET ADDRESS	2300 SW 48 AVE	
CITY- ST- ZIP	OCALA, FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIESE, RAYMOND JR	
STREET ADDRESS	11380 SW 61 PL RD	
CITY- ST- ZIP	OCALA, FL 34481	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: Ralph K. Decker, Jr. President 1-6-05 (352) 8546261