


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90149 017 ***150.00

DOCUMENT # P0300019990	
1. Entity Name ALL DONE POOL & SPA INC.	

Principal Place of Business 1948 SE PORT ST. LUCIE BLVD PORT ST. LUCIE FL 34952	Mailing Address 1948 SE PORT ST. LUCIE BLVD PORT ST. LUCIE FL 34952
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2. Principal Place of Business 2067 SW Castnet Lane Suite, Apt. #, etc.	3. Mailing Address 2067 SW Castnet Lane Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State Port St Lucie, FL	City & State Port St Lucie, FL
Zip 34953	Country USA

4. FEI Number 20-0531399	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EPP, DONALD 1948 SE PORT ST. LUCIE BLVD PORT ST. LUCIE FL 34952	
7. Name and Address of New Registered Agent Name Epp, Donald Street Address (P.O. Box Number is Not Acceptable) 2067 SW Castnet Lane City Port St Lucie FL Zip Code 34953	

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]* DATE **4-19-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPP, DONALD 1948 SE PORT ST. LUCIE BLVD PORT ST. LUCIE FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* **4-19-06 772-879-7128**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #