## **2006 FOR PROFIT CORPORATION**

## **FILED ANNUAL REPORT** May 01, 2006 08:00 AN Secretary of State DOCUMENT # P03000150562 1. Entity Name DOUGLAS LANG POOL SERVICE, INC. Principal Place of Business Mailing Address 468 IBIS WAY 468 IBIS WAY NAPLES, FL 34110-1182 NAPLES, FL 34110-1182 04112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0713224 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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 (NOTE, Registered Agent signature required when reinstating) U00000557425 05/17/06-80051-009 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTD TITLE LANG, DOUGLAS NAME STREET ADDRESS 468 IBIS WAY CITY-ST-ZIP NAPLES, FL 341101182 TITLE SVD NAME LANG, IRENE E STREET ADDRESS 468 IBIS WAY CITY-ST-ZIP NAPLES, FL 341101182 TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 arraddress, with all other like

TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06