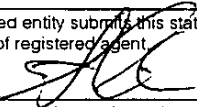


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

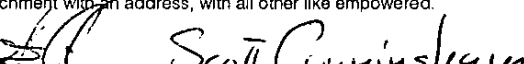
FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90233 014 ***150.00

DOCUMENT # P03000152996			
1. Entity Name ALL COUNTY POOL SERVICES, INC.			
Principal Place of Business 14391 S.E. 73RD LANE MORRISTOWN FL 32668 US		Mailing Address 14391 S.E. 73RD LANE MORRISTOWN FL 32668 US	
2. Principal Place of Business 4460 SW 35 THW BAY 311		3. Mailing Address 4460 SW 35 THW	
Suite, Apt. #, etc. Suite 311		Suite, Apt. #, etc. Suite 311	
City & State Gainesville FL		City & State Gainesville FL	
Zip 32608	Country USA	Zip 32608	Country USA
6. Name and Address of Current Registered Agent CUNNINGHAM, SCOTT 14391 SE 73 LANE MORRISTON FL 32668		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 3/18/05 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, 2005 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	P CUNNINGHAM, SCOTT 14391 S.E. 73RD LANE MORRISTOWN FL 32668 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joe Kowalchuk ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Joe Kowalchuk 6437 Baker RD Keystone FL 32656 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352 373 6069
3/18/05 352 373 6069