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.

14UU0407

1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
14391 S.E. 73RD LANE MORRISTOWN FL 32668 US	14391 S.E. 73RD LANE MORRISTOWN FL 32668 US

2. Principal Place of Business	3. Mailing Address
4460 SW 35 Terr BAY 311	4460 SW 35 Ter
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

4. FEI Number 20-0494590 ☐ Applied For ☐ Not Applicable

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

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 [signature] 3/18/05
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

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
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

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.

352 373 6069

SIGNATURE: [signature] Scott Cunningham 3/18/05 352 373 6069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #