

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90023 036 ***150.00

DOCUMENT # P03000157481

1. Entity Name
AQUATONE POOL CARE, INC.



Principal Place of Business
**324 LONGFELLOW BLVD.
LAKE LAND, FL 33801**

Mailing Address
**324 LONGFELLOW BLVD.
LAKE LAND, FL 33801**

00000010



07032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0543956

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GIESEL, RANDY A
324 LONGFELLOW BLVD.
LAKE LAND, FL 33801**

**DO NOT WRITE
IN THIS SPACE**

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, 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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIESEL, RANDY A 324 LONGFELLOW BLVD. LAKE LAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST GIESEL, PATRICIA L 324 LONGFELLOW BLVD. LAKE LAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 an address, with all other like-empowered.


SIGNATURE:

Patricia L Giesel R.P. / sec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/2006
Date

863/665-7665
863/665-0620
Daytime Phone #

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000157481 1. Entity Name AQUATONE POOL CARE, INC.	
---	---

Principal Place of Business 324 LONGFELLOW BLVD. LAKELAND, FL 33801	Mailing Address 324 LONGFELLOW BLVD. LAKELAND, FL 33801
---	---

ATTACHMENT

50022575

DO NOT WRITE IN THIS SPACE

02272006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0543956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GIESEL, RANDY A 324 LONGFELLOW BLVD. LAKELAND, FL 33801	DO NOT WRITE IN THIS SPACE
--	----------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIESEL, RANDY A 324 LONGFELLOW BLVD. LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST GIESEL, PATRICIA L 324 LONGFELLOW BLVD. LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

AQUATONE POOL CARE INC
324 Longfellow Blvd
Lakeland, FL 33801
Ph. 863-665-7665

5750

4/11/2006

63-761/831
BRANCH 00701

Pay to the order of Florida Dept of State \$150.00
One Hundred Fifty and No/100 Dollars



WACHOVIA
Wachovia Bank, N.A.
wachovia.com

For 2006 Corp Report

Patricia L. Giesel

106310751312000015874478 5750

12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.

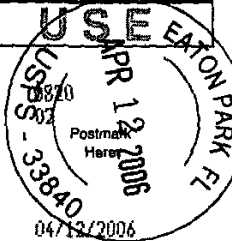
SIGNATURE: Randy Giesel, President 4/11/06 863/665-7665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7004 1350 0005 4893 1297

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE	
Postage	\$ 0.39
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 4.64



ATTACHMENT

50022575
 #403080157481

Sent To: Div. of Corporations
 Street, Apt. No., or PO Box No. P.O. Box 6198
 City, State, ZIP+4 Tallahassee FL 32314-6198

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Division of Corporations
 P.O. Box 6198
 Tallahassee FL 32314-6198

COMPLETE THIS SECTION ON DELIVERY

A. Signature Murphy White ☐ Agent ☐ Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article (Trans) 7004 1350 0005 4893 1297

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Aquatone Pool Care, Inc.
324 Longfellow Blvd
Lakeland FL 33801

ATTACHMENT

50022515-

July 3, 2006

- Division of Corporations
- P.O. Box 6198
- Tallahassee FL 32314

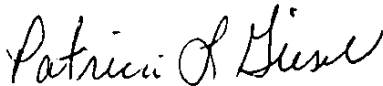
RE: Document # P03000157481

Dear Sirs:

Attached are copies of the original 2006 Corporate Report and check I sent in April 12, 2006, also a copy of my signed receipt for certified mailing. My check has not cleared the bank and I have just received the Notice of Intent to Dissolve.

I am enclosing a second check for the \$150.00 and an original signed form. Any late fees or penalties should be waived since it was sent in and received by The State of Florida in a timely manner.

Sincerely,



Patricia L. Giesel