


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000035919</b> 1. Entity Name CHECKERED FLAG POOL SERVICES, INC.	
--	---

Principal Place of Business 9580 60TH STREET NORTH PINELLAS PARK, FL 33782	Mailing Address 9580 60TH STREET NORTH PINELLAS PARK, FL 33782
--	--

**DO NOT WRITE IN THIS SPACE**

06022006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>83-0388764</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

ALDRIDGE, JERRY D  
9580 60TH STREET NORTH  
PINELLAS PARK, FL 33782

**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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	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	P ALDRIDGE, JERRY D 9580 60TH STREET N. PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T/S ALDRIDGE, LINDA 9580 60TH STREET N. PINELLAS PARK, FL 33782
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	

U000000575818  
09/01/06-80001-007 158.75

**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:** Jerry Aldridge Jerry Aldridge 0828-06 727-541-3331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #