2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # P04000049427** 04-28-2005 90152 042 ***150.00 1. Entity Name CLEARWATER POOL SERVICE OF COLLIER COUNTY. INC. Principal Place of Business Mailing Address POTIONAT 211 11TH STREET NW 211 11TH STREET NW NAPLES, FL 34120 NAPLES, FL 34120 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEWART, JAMES C JR. Street Address (P.O. Box Number is Not Acceptable) STEWART & STORTER, ATTORNEYS AT LAW 9180 GALLERIA COURT SUITE 700 NAPLES, FL 34109 13 City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE? ☐ Delete TITLE ☐ Change ☐ Addition COULTER, RONALD L NAME NAME 211 11TH STREET NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34120 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 trueted 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 life empowered.

ING OFFICER OF DIRECTOR

FILED