

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051187

FILED
Mar 16, 2006
Secretary of State

Entity Name: TONY'S POOL SERVICE, INC.

Current Principal Place of Business:

920 POINSETTIA ST.
CASSELBERRY, FL 32707

New Principal Place of Business:

920 POINSETTIA ST.
CASSELBERRY, FL 32707 US

Current Mailing Address:

920 POINSETTIA STREET
CASSELBERRY, FL 32707

New Mailing Address:

920 POINSETTIA ST.
CASSELBERRY, FL 32707 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

DENTNESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

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.

SIGNATURE: BUSINESS FILINGS INCORPORATED 03/16/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOODS, ANTHONY J
Address: 920 POINSETTIA ST.
City-St-Zip: CASSELBERRY, FL 32707 5

Title: D () Delete
Name: WOODS, ANTHONY J
Address: 920 POINSETTIA ST.
City-St-Zip: CASSELBERRY, FL 32707 5

Title: S () Delete
Name: BAIocco, SHARON L
Address: 920 POINSETTIA ST.
City-St-Zip: CASSELBERRY, FL 32707 5

Title: D () Delete
Name: BAIocco, SHARON L
Address: 920 POINSETTIA ST.
City-St-Zip: CASSELBERRY, FL 32707 5

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOODS, ANTHONY J
Address: 920 POINSETTIA ST.
City-St-Zip: CASSELBERRY, FL 32707-256 5

Title: D (X) Change () Addition
Name: WOODS, ANTHONY J
Address: 920 POINSETTIA ST.
City-St-Zip: CASSELBERRY, FL 32707-256 5

Title: S (X) Change () Addition
Name: BAIocco, SHARON L
Address: 920 POINSETTIA ST.
City-St-Zip: CASSELBERRY, FL 32707-256 5

Title: D (X) Change () Addition
Name: BAIocco, SHARON L
Address: 920 POINSETTIA ST.
City-St-Zip: CASSELBERRY, FL 32707-256 5

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY J WOODS PRES 03/16/2006
Electronic Signature of Signing Officer or Director Date