2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 23, 2007 8:00 am Secretary of State

DOCUMENT # P0400053650 1. Entity Name GRADY'S POOL SERVICE, INC.								05-23-20	007 900	027 021	***15	0.00	
Principal Place of Business 3225 S MACDILL AVE SUITE 279 TAMPA, FL 33629				Mailing Address 3225 S MACDILL AVE SUITE 279 TAMPA, FL 33629			1.	40118030					
2. Principal Place of Business - No P.O. Box #			3. N	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.			043	802007	Chg-P	C	R2E034	(12/06)	
City & State			C	City & State				El Numbe 75-315					plied For t Applicable
Zip		Country	Z	ip	Coun	try	5 . C	Certificate	of Status Desig	red [3.75 Add e Require	
	6. Name	and Address of Curren	t Regist	ered Agent			7. N	ame and	Address of N	ew Regis	tered Ag	ent	
BARRETT,	KEN					Name_		•					• •
3225 S MA SUITE 279	CDILL AV	VE				Street Address (P.O. Box Number is Not Acceptable)							
TAMPA, FI	L 33629												
						City FL Zip Code							Ð
		ty submits this statement f tered agent.	for the pu	rpose of changing its	register	ed office or regis	stered age	ent, or bo	th, in the State	of Florida	. I am fan	niliar with,	and accept
	Signature, typed	d or printed name of registered ager	nt and title if	applicable. (NOTE	E: Registere	d Agent signature requi	uired when rei	instating)			DATE		
		FEE IS \$150.00 7 Fee will be \$550	.00	9. Election Campai Trust Fund Cont			5.00 M Added to F						
10.		OFFICERS AND	D DIREC	TORS _	11.		ĄŅ	DITIONS	CHANGES TO	OFFICE	RS AND D	IRECTOR:	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		GRADY IACDILL AVE SUITE 2 FL 33629	79	☐ Delete			*."] Change	☐ Addition :
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							C] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	_	· —,	السدوندور	Delete			•					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete		;					Ε] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	E Et address -St-zip-7					_] Change	☐ Addition
12. I hereby of indicated of the corchanged,	certify that the on this repo poration or t or on an att	ne information supplied wi ort or supplemental report the receiver or trustee em achment with an address	th this fili is true a powered with all	ng does not qualify for nd accurate and that no to execute this report of the right of the control of the control of the control of the contr	or the exi ny signa as requi	emptions contain ture shall have th red by Chapter 6	ned in Ch he same lo 607, Florid	apter 119 egal effec da Statute), Florida Statu et as if made un es; and that my	tes. I furth	ner certify that I am pears in E	that the ir an officer llock 10 or	or director Block 11 if

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ATTACHMENT DOCUMENT # P04000053650 1. Entity Name GRADY'S POOL SERVICE, INC. Principal Place of Business Mailing Address 3225 S MACDILL AVE 3225 S MACDILL AVE SUITE 279 SUITE 279 TAMPA, FL 33629 TAMPA, FL 33629 40118030 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04302007 City & State Applied For City & State 4. FEI Number 75-3151279 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARRETT, KEN Street Address (P.O. Box Number is Not Acceptable) 3225 S MACDILL AVE **SUITE 279 TAMPA, FL 33629** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signeture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ■ Addition NAME CLARK, GRADY NAME 3225 S MACDILL AVE SUITE 279 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP TAMPA, FL 33629 CITY - ST - ZIP TITLE ☐ Delete 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 MUE ☐ Delete TITLE ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition 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 exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental report is five 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the recei changed, or on an attachmen SIGNATURE: INTED NAME OF SIGNING OFFICER OR DIRECTOR

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0400005 1. Entity Name GRADY'S POOL SERVICE, INC.	33650		ATTACHMENT						
Principal Place of Business 3225 S MACDILL AVE SUITE 279 TAMPA, FL 33629	Mailing Address 3225 S MACDILL AVE SUITE 279 TAMPA, FL 33629								
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		H011803	O					
Suite, Apt, #, etc.	Suite, Apt. #, etc.		04302007 Chg-P CR2E034 (12/06)						
City & State	City & State		4. FEI Number 75-3151279	Applied For Not Applicable					
Zip Country	Zip	Country		\$8.75 Additional Fee Required					
6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Regis	stered Agent					
BARRETT, KEN 3225 S MACDILL AVE SUITE 279		Street Address	Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FL 33629		City		Zip Code					
The above named entity submits this statement	for the nurnose of changing its		tered agent or both in the State of Florida	r L					
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent.		E: Registered Agent signature requi		DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550	9. Election Campaig	gn Financing \$	5.00 May Be						
	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 11					
NAME CLARK, GRADY STREET ADDRESS 3225 S MACDILL AVE SUITE 3	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition					
CITY-ST-ZIP TAMPA, FL 33629 ITILE NAME STREET ADDRESS CITY-ST-ZIP	, Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	- constant to the constant to	Change					
TITLE NAME STREET ADDRESS CITY-S1-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	☐ Delate	THEE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition					
I hereby certify that the information supplied windicated on this report or supplemental report the corporation or the receiver of trustee enchanged, or on an attachment with an address.	t is true and accurate and that to	av sichature shall have th	e same legal effect as if mage under path.	that I am an officer or director					
SIGNATURE: SIGNATURE AND TYPEDO	R PRINTED NAME OF EIGHING OFFICER O	OR DIRECTOR) a /() /	Daytime Phone #					

ATTACHMENT

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

40118030 #P6400053650

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature Incorporator

Date

Date