## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000060242

Entity Name: SWIMMING POOL LEAK DETECTION SERVICE, INC.

FILED Apr 04, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

4839 SE 112TH STREET ROAD 198 SINGAPORE ISLAND RD. BELLEVIEW, FL 34420 US LEESBURG, FL 34788 US

Current Mailing Address: New Mailing Address:

4839 SE 112TH STREET ROAD
BELLEVIEW, FL 34420 US
198 SINGAPORE ISLAND RD.
LEESBUREG, FL 34788 US

FEI Number: 20-1014860 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADSERBALLE, JUDITH D
4839 S.E. 112TH ST. RD
BELLEVIEW, FL 34420 US
ADSERBALLE, JUDITH D
198 SINGAPORE ISLAND RD.
LEESBURG, FL 34788 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: 04/04/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

( ) Delete Title: P (X) Change ( ) Addition

Name: ADSERBALLE, KNUD E Name: ADSERBALLE, KNUD E
Address: 4839 SE 112TH STREET ROAD Address: 198 SINGAPORE ISLAND RD.
City-St-Zip: BELLEVIEW, FL 34420 US City-St-Zip: LEESBURG, FL 34788 US

( ) Delete Title: (X) Change ( ) Addition Title: Name: ADSERBALLE, JUDITH D Name: ADSERBALLE, JUDITH D 4839 SE 112TH STREET ROAD 198 SINGAPORE ISLAND RD. Address: Address: BELLEVIEW, FL 34420 US LEESBURG, FL 34788 US City-St-Zip: City-St-Zip:

( ) Delete Title: (X) Change ( ) Addition Title: ADSERBALLE, KENNETH T ADSERBALLE, KENNETH T Name: Name: 4839 SE 112TH STREET ROAD 198 SINGAPORE ISLAND RD. Address: Address: City-St-Zip: BELLEVIEW, FL 34420 US City-St-Zip: LEESBURG, FL 34788 US

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: JUDITH D. ADSERBALLE VP 04/04/2006