

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000076914

1. Entity Name
PEACE RIVER POOL SERVICES, INC.



Principal Place of Business
**4360 GARDNER DR
PORT CHARLOTTE, FL 33952**

Mailing Address
**4360 GARDNER DR
PORT CHARLOTTE, FL 33952**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1135917

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MATTHEW, JAMES R
22212 MONTROSE AVE
PORT CHARLOTTE, FL 33952**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARUSKA, DARREL
STREET ADDRESS 4360 GARDNER DR
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE VD
NAME BROWN, JOHN
STREET ADDRESS 1196 COD STREET
CITY-ST-ZIP NORTH PORT, FL 34286

TITLE STD
NAME SMITH, PAMELA
STREET ADDRESS 4360 GARDNER DR
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

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1100000435370
02/25/06-80037-022 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-06

941-204-5566

Date

Daytime Phone