2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90207 045 ***150.00

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1. Entity Name
DOCTOR POOL SERVICE & REPAIRS, INC

600034300

04282006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
13816 GREENBRIDGE CT ORLANDO, FL 32824	13816 GREENBRIDGE CT ORLANDO, FL 32824

2. Principal Place of Business		3. Mailing Address	
11127 LEDGEMENT LN		11127 LEDGEMENT LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: WINDERMERE FLORIDA		City & State: WINDERMERE FLORIDA	
Zip: 34786	Country: U.S.A	Zip: 34786	Country: U.SA

4. FEI Number: 20-1122206 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CANTILLO, MARIA
13816 GREENBRIDGE CT
ORLANDO, FL 32824

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 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	P	☐ Delete
NAME	CANTILLO, MARIA	
STREET ADDRESS	13816 GREENBRIDGE CT	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	D	☐ Delete
NAME	CANTILLO, JORGE	
STREET ADDRESS	13816 GREENBRIDGE CT	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
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 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: M Cantillo 4-28-2006 407-729-4744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #