


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000107049 1. Entity Name C & O POOL SERVICE, INC.	
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Principal Place of Business 2502 TIGER MAPLE CT KISSIMMEE, FL 34743	Mailing Address 2502 TIGER MAPLE CT KISSIMMEE, FL 34743
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DO NOT WRITE IN THIS SPACE



02232006	No Chg-P	CR2E034 (11/05)
4. FEI Number 20-1407685	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LOS SANTOS, ORLANDO
 2502 TIGER MAPLE CT
 KISSIMMEE, FL 34743

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000544760 05/11/06-80046-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	DE LOS SANTOS, ORLANDO
STREET ADDRESS	2502 TIGER MAPLE CT
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	DST
NAME	DE LOS SANTOS, LILIANA
STREET ADDRESS	2502 TIGER MAPLE CT
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 reports 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 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

Date _____ Daytime Phone # _____