

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000117688

1. Entity Name
SURFSIDE POOL SERVICES, INC.



Principal Place of Business Mailing Address

7130 SUGAR MAGNOLIA COURT **7130 SUGAR MAGNOLIA COURT**
NAPLES, FL 34109 **NAPLES, FL 34109**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0878396 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

D'AGOSTINO, ANTHONY D
7130 SUGAR MAGNOLIA COURT
NAPLES, FL 34109

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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 _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when contact fee) 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 NAME STREET ADDRESS CITY- ST- ZIP	PD D'AGOSTINO, ANTHONY 7130 SUGAR MAGNOLIA COURT NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTD D'AGOSTINO, MICHELLE 7130 SUGAR MAGNOLIA COURT NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BRUTE, MATTHEW 9690 SUSSEX ST NAPLES, FL 34109
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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 01/20/06-80040-018 150.00

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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, or other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-06 (239) 513-2030

UAC DATE OF PRINTING