

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 OCT -4 PM 4: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09292006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000121001			
1. Entity Name FANTASTIC POOL SERVICE, INC.			
Principal Place of Business 4621 S.W. 106TH PL. OCALA, FL 34476		Mailing Address 4621 S.W. 106TH PL. OCALA, FL 34476	
2. Principal Place of Business 605 SE 56th Ave.		3. Mailing Address 605 SE 56th Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ocala, FL.		City & State Ocala, FL.	
Zip 34471	Country Marion	Zip 34471	Country Marion
4. FEI Number 43-2077920		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCRACKEN, LEE 4621 SW 106TH PLACE OCALA, FL 34476		7. Name and Address of New Registered Agent Name: Craig Summerlin Street Address (P.O. Box Number is Not Acceptable) 605 SE 56th Ave. City: Ocala FL Zip Code: 34471	
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: <u>Craig Summerlin</u> / <u>Craig Summerlin</u> / <u>Owner</u> 10/2/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MCCRACKEN, L. LEE 4621 S.W. 106TH PL. OCALA, FL 34476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner (PLVATLS) Craig Summerlin 605 SE 56th Ave. Ocala, FL, 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MCCRACKEN, SUZANNE A 4621 S.W. 106TH PL. OCALA, FL 34476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500080466795 10/04/06--01046--004 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Craig Summerlin</u> / <u>Craig Summerlin</u> / <u>Owner</u> 10/2/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 10/2/06 <small>Telephone #</small>	

352-572-0584

10/6/06