FILED
Jul 12, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000126564

1. Entity Name
CHICKIE POOLS & SERVICE, INC.

Principal Place of Business	Mailing Address
10610 NW 66TH CT PARKLAND, FL 33076	10610 NW 66TH CT PARKLAND, FL 33076

DO NOT WRITE IN THIS SPACE

07062007 No Chg-P CR2E034 (11/05)

4. FEI Number
11-3727431
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCENERY, ROSA
10610 NW 66TH CT
PARKLAND, FL 33076

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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 _____ DATE _____
(If changing registered office or registered agent, or both, also sign above. If applicable. NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCENERY, ROSA
STREET ADDRESS	10610 NW 66TH CT
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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, with all other like empowered.

SIGNATURE: Rosa McEnery President 7/6/07 (954) 428-7777
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #