2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 10, 2007 08:00 AM **DOCUMENT # P04000132084 Secretary of State** 1. Entity Name DUCO'S POOL SERVICE, INC. Principal Place of Business Mailing Address 2410 NOVUS ST 2410 NOVUS ST SARASOTA, FL 34237 SARASOTA, FL 34237 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 51-0524660 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUCKO, MARK DO NOT WRITE 2410 NOVUS ST SARASOTA, FL. 34237 IN THIS SPACE 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. U000000580874 01/10/07-80065-011 150.00 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DUCKO, MARK STREET ADDRESS **2410 NOVUS ST** CITY-ST-ZIP SARASOTA, FL 34237 TTTLE NAME STREET ADDRESS CITY-ST-ZIP tmr NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR