## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 07, 2006 8:00 am Secretary of State DOCUMENT # P04000163713 04-07-2006 90035 014 \*\*\*158.75 KELLER HOME WATCH AND POOL, INC. Principal Place of Business Mailing Address 50009879 1570 WINDING OAKS WAY 1570 WINDING OAKS WAY #102 ~<del>#102</del>~ NAPLES, FL 34109 NAPLES, FL 34109-3. Mailing Address Je 3892 Jasmine Lake Circk 2. Principal Place of Business 3892 Jasmine Lake Cin Suite, Apt. #, etc. 04042006 Chg-P CR2E034 (11/05) City & State City & State 4. EEI Number Applied For V 4 p les 81-0661106 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD A. SCHURR, P.A. Street Address (P.O. Box Number is Not Acceptable) 10867 SW 88TH TERRACE MIAMI, FL 33176 City Zip Code FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD TITLE Delete TITLE KELLER, WILLIAM 3892 Jasmine Lake Circle NAME NAME 1570 WINDING OAKS WAY #102 STREET ADDRESS STREET ADDRESS Napies , FL 34119 CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP SVD Change Addition ☐ Delete TITLE TITLE KELLER, LYNN MARIE NAME NAME 3892 Igsmine Lake Circle 1570 WINDING OAKS WAY #102 STREET ADDRESS STREET ADDRESS Nápies, FL 34119 CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TUTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delete □ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. changed, or on an attac

William Keller 4-4-06 239594 3434

FILED