


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000164277 1. Entity Name DEPENDABLE POOL SERVICES OF PINELLAS, INC.	
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Principal Place of Business 2541 48TH AVE NORTH ST PETERSBURG, FL 33714	Mailing Address P O BOX 14411 ST PETERSBURG, FL 33733
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DO NOT WRITE IN THIS SPACE



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2160342	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LUCAS, JAMES C 2541 48TH AVE. N ST PETERSBURG, FL 33714

**DO NOT WRITE
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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	PTD LUCAS, JAMES C 2541 48TH AVE NORTH ST PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUCAS-SOLOMON, MARYELLEN 2541 48TH AVE NORTH ST PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLOMON, EDDIE L JR 2541 48TH AVE NORTH ST PETERSBURG, FL 33714
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05/20/06-80132-013-150.00

**DO NOT WRITE
IN THIS SPACE**

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, and all other like empowered.

SIGNATURE  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Mary Ellen Lucas Solomon** **727-397-2530**
Date Daytime Phone #