

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90044 007 ***150.00

30055695



DOCUMENT # P04000166886 1. Entity Name DUNRITE POOL SERVICE, INC.					
Principal Place of Business 6353 STONEHURST CIRCLE LAKE WORTH, FL 33467			Mailing Address 6353 STONEHURST CIRCLE LAKE WORTH, FL 33467		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 68-0598505				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 FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PARKWAY SUITE 300 TAMPA, FL 33637-2087			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROLINI, STEVEN 6353 STONEHURST CIRCLE LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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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 exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

50055695 —
DunRite Pool Service, Inc.
6353 Stonehurst Circle
Lake Worth, FL 33467
Phone: 561-254-6556

June 06, 2005

Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Taxpayer: DunRite Pool Service, Inc.

Document #: P04000166886

FEIN: 68-0598505

Tax Form: UBR

Tax Period: 2005

To Whom It May Concern:

We have enclosed a check # 1009 in the amount of \$150.00 for the 2005 Annual Renewal of DunRite Pool Service, Inc. Document number P04000166886.

Please abate any penalty incurred as I, Steven Carolini, did not receive the original UBR and did not intentionally avoid the filing.

Thank you for your prompt attention to this matter. Please contact me if nay further information or explanation is required.

Respectfully,



Steven Carolini

Encl.

Cc: file