## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: XAMA

## FILED Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # P0500002598  1. Entity Name BIG LAKE POOL & SPA MAINTENANCE, INC.						01-23-2006 9	90110 043	***150	).00	
Principal Place of Business 7104 EAGLE TERRACE WEST PALM BEACH, FL 33412  Mailing Address 7104 EAGLE TERRACE WEST PALM BEACH, FL 33412						<b>ஆ</b> ∪∨ -				
	Tace of Business  GNNOCK LANDING CIR #, etc.	3. Mailing Address  131 FNNOck LA, Suite, Apt. #, etc.	NDING C	IR	01062006					
City & Stat	e	City & State	City & State			Chg-P	CR2E034		pplied For	
JUPIT	GOUNTY COUNTY	JUPITER, FL			4. FEI Numbe	^/	,	No	t Applicable	
Zip 3345	-8	33458	Country		5. Certificate	of Status Desired		8.75 Add e Require		
	6. Name and Address of Current F	Registered Agent	Name		7. Name and	Address of New F	egistered Ag	ent		
ELLIOTT, LARRY B 7104 EAGLE TERRACE WEST PALM BEACH, FL 33412				Street Address (P.O. Box Number is Not Acceptable)						
				PENK	JOCK LA	ANDING C	ikele FL	Zip Cod		
8. The above the obligat	named entity submits this statement for tions of registered agent.  Signature, typed or printed same of registered agent a	least LARE	stered office of	r registere	ed agent, or bol				and accept	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign F Trust Fund Contribut		<b>\$5.0</b> Adde	00 May Be d to Fees					
10.	OFFICERS AND (		11.	11.	ADDITIONS/	CHANGES TO OFF				
TITLE NAME	PD ELLIOTT, LARRY B	☐ Delete	TITLE NAME				[e	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	7104 EAGLE TERRACE WEST PALM BEACH, FL 33412		STREET ADORESS CITY-ST-ZIP			42NDING -L. 3345		<del>.</del>		
TITLE NAME	TSD ELLIOTT, VICKIE N	☐ Delete	TITLE NAME				0	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	7104 EAGLE TERRACE WEST PALM BEACH, FL 33412		STREET ADDRESS CITY-ST-ZIP	131 A	ENNOCK P. TER. J.	CANDING	Cibole	-		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				į.	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				C	] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME SJREET ADDRESS CITY-ST-ZIP				C	] Change	Addition	
IIIQIÇALEQ	certify that the information supplied with on this report or supplemental report is	true and accurate and that my sk	anature snall n	iave ine sa	ame legal effec	, Florida Statutes. I t as if made under o s; and that my name	nath: that I am	an officer	or director	