

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018885

Entity Name: TRUE QUALITY POOL SERVICE INC.

FILED  
May 20, 2006  
Secretary of State

**Current Principal Place of Business:**

6394 SE LOCKERBY PLACE  
HOBE SOUND, FL 33455 US

**New Principal Place of Business:****Current Mailing Address:**

6394 SE LOCKERBY PLACE  
HOBE SOUND, FL 33455 US

**New Mailing Address:**

FEI Number: 20-2290537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHICKEL, REBECCA  
6394 SE LOCKERBY PLACE  
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: PHILLIPS, CURTIS  
Address: 6394 SE LOCKERBY PLACE  
City-St-Zip: HOBE SOUND, FL 33455 US

Title: P ( ) Delete  
Name: SCHICKEL, REBECCA  
Address: 6394 SE LOCKERBY PLACE  
City-St-Zip: HOBE SOUND, FL 33455 US

Title: S ( ) Delete  
Name: SCHICKEL, REBECCA  
Address: 6394 SE LOCKERBY PLACE  
City-St-Zip: HOBE SOUND, FL 33455 US

Title: T ( ) Delete  
Name: SCHICKEL, REBECCA  
Address: 6394 SE LOCKERBY PLACE  
City-St-Zip: HOBE SOUND, FL 33455 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA A SCHICKEL

Electronic Signature of Signing Officer or Director

P

05/20/2006

Date