2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State 05-02-2006 90170 023 ***150.00

DOCUMENT # P05000040460 1. Entity Name LANDIS POOL SERVICE, INC.						05-02-2006	90170 023	3 ***150).00
Principal Place of Business Mailing Address					- 00	78304			
29 CHRISTIE AVENUE SARASOTA, FL 34232		29 CHRISTIE AVENUE SARASOTA, FL 34232			đ na	1000			
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04052006	Chg-P	CR2E034	<u> </u>	
City & State		City & State			4. FEI Numbe	<u>0-253</u>	<u> 2711</u>	Not	olied For Applicable
Zip	Country	Zip	Zip Country		5. Certificate of	of Status Desired		3.75 Addi e Required	
6. Name and Address of Current		Registered Agent		7. Name and Address of New Registered Agent					
				Name					
LANDIS, TERRY 29 CHRISTIE AVENUE SARASOTA, FL 34232				Street Address (P.O. Box Number is Not Acceptable)					
SARASOTA	A, FL 34232 ♥ 								
135				City			FL	Zip Code	1
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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 - 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. - Added to Fees									
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	IRECTORS	IN 11
NAME STREET ADDRESS	P LANDIS, TERRY 29 CHRISTIE AVENUE	☐ Delete		I			(_ Change	Addition
CITY-ST-ZIP	SARASOTA, FL 34232 VP		TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	CIPRIANI, JENNIFER 29 CHRISTIE AVENUE SARASOTA, FL 34232	☐ Delete	NAM STRE	l			·	change	Auginor (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANDIS, MATTHEW 29 CHRISTIE AVENUE SARASOTA, FL 34232	□ Celete		1			Ć	Change	☐ Addition
TITLE NAME STREET ADDRESS	0.440.000	☐ Delete	TITLI NAM STRE	E E ET ADDRESS			(_ Change	☐ Addition
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NAME STREET ADDRESS				EET ADDRESS - ST - ZIP					
CITY-ST-ZIP			TITL					Change	Addition
TITLE NAME	,	☐ Delete	NAM				,	onange	· ·
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP				- 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									

4/5/06 Dale