


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90041 046 \*\*\*150.00

<b>DOCUMENT # P05000084765</b>					
<b>1. Entity Name</b> <b>FORTRESS POOL SERVICE, INC.</b>					
<b>Principal Place of Business</b> <b>3700 NE 16TH TERRACE</b> <b>POMPNAO BEACH, FL 33064</b>			<b>Mailing Address</b> <b>3700 NE 16TH TERRACE</b> <b>POMPNAO BEACH, FL 33064</b>		
<b>2. Principal Place of Business - No P.O. Box #</b> <b>78 VISTA DEL RIO</b>		<b>3. Mailing Address</b> <b>78 VISTA DEL RIO</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <b>BOYTON BEACH, FL</b>		<b>City &amp; State</b> <b>BOYTON BEACH, FL</b>		<b>4. FEI Number</b> <b>20-2992378</b>	
<b>Zip</b> <b>33426</b>		<b>Country</b> <b>US</b>		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>REIS DE FARIA, FABIO</b> <b>3700 NE 16TH TERRACE</b> <b>POMPNAO BEACH, FL 33064</b>			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> <span style="float: right;">Zip Code</span>		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE</span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REIS DE FARIA, FABIO 4255 CRYSTAL LAKE DR - # 83 POMPNAO BEACH, FL 33064 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REIS DE FARIA, FABIO 78 VISTA DEL RIO BOYTON BEACH, FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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03132007 Chg-P CR2E034 (12/06)

**SIGNATURE:** *x [Signature]* 3-17-07 954 650 2574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #