

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90089 035 ***158.75

DOCUMENT # P05000086669 1. Entity Name SMITH'S POOL SERVICE, INC.			
Principal Place of Business 4701 81ST AVE NORTH PINELLAS PARK, FL 33781		Mailing Address 4701 81ST AVE NORTH PINELLAS PARK, FL 33781	
2. Principal Place of Business - No P.O. Box # 5270-99TH TERR.		3. Mailing Address 5270-99TH TERR.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State PINELLAS PARK FL		City & State PINELLAS PARK FL	
Zip 33782		Zip 33782	
Country USA		Country USA	
4. FEI Number 69-3259633		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 SMITH, ROBERT L 4701 81ST AVE NORTH PINELLAS PARK, FL 33781		7. Name and Address of New Registered Agent Name SMITH ROBERT L. Street Address (P.O. Box Number is Not Acceptable) 5270-99TH TERR City PINELLAS PARK FL Zip Code 33782	
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 ROBERT L. SMITH <i>Robert L. Smith</i> 3-16-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SMITH, ROBERT L 4701 81ST AVE NORTH PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Robert L. Smith</i> 3-16-07 727-546-6747 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

2/26/2007