


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90102 009 ***150.00

DOCUMENT # P05000091890 1. Entity Name PETERSON POOL CARE INC.					
Principal Place of Business 4356 S. COLONY TERRACE HOMOSASSA, FL 34446 US			Mailing Address 4356 S. COLONY TERRACE HOMOSASSA, FL 34446 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> 02152006 Chg-P CR2E034 (11/05) 40056360 </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 4. FEI Number 20-3067692 </div> <div style="width: 35%;"> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="width: 35%;"> \$8.75 Additional Fee Required </div> </div>					
6. Name and Address of Current Registered Agent MORRIS, KATHIE D 7865 TWIN CANAL LN. HOMOSASSA, FL 34448			7. Name and Address of New Registered Agent Name <u>Jessica M. Hookson</u> Street Address (P.O. Box Number is Not Acceptable) <u>4356 S. Colony Terrace</u> City <u>Homosassa</u> FL Zip Code <u>34446</u>		
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 <u>Jessica M. Hookson</u> <u>Jessica Hookson</u> <u>4-18-2006</u> <small>Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PVS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, MICHAEL		NAME		
STREET ADDRESS	P.O. BOX 4344		STREET ADDRESS		
CITY - ST - ZIP	HOMOSASSA SPRINGS, FL 34447		CITY - ST - ZIP		
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, MICHAEL		NAME		
STREET ADDRESS	P.O. BOX 4344		STREET ADDRESS		
CITY - ST - ZIP	HOMOSASSA SPRINGS, FL 34447		CITY - ST - ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Michael Peterson</u> <u>Michael Peterson</u> <u>4-18-2006</u> <u>(352) 476-1551</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					