

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2006 8:00 am
Secretary of State

08-10-2006 90002 027 ***158.75

DOCUMENT # P05000106298

1. Entity Name
BRIGHT SUMMER POOL SERVICE INC.



Principal Place of Business
**14842 SUSSEX DRIVE
ORLANDO, FL 32826**

Mailing Address
**14842 SUSSEX DRIVE
ORLANDO, FL 32826**

50024910



2. Principal Place of Business
14842 SUSSEX DR
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

07072006 Chg-P CR2E034 (11/05)

City & State
ORLANDO FL

City & State

4. FEI Number **EIN#**
203374167

Applied For
Not Applicable

Zip
32826 Country
US

Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LASALLE, HERMINIO
14842 SUSSEX DRIVE
ORLANDO, FL 32826**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Herminio Lasalle*
Signature, typed or printed name of registered agent and state applicable

(NOTE: Registered Agent signature required when reappointing)

8/7/06
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LASALLE, HERMINIO**
STREET ADDRESS **14842 SUSSEX DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32826**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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: *Herminio Lasalle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/06 6407468-8471
Date Daytime Phone #