


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90363 039 ***150.00

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| DOCUMENT # P05000106799 1. Entity Name CARIBBEAN BLUE POOL CARE, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 801 BELLE TERRE PARKWAY, UNIT 200 #155 PALM COAST, FL 32164 | | | Mailing Address 801 BELLE TERRE PARKWAY, UNIT 200 #155 PALM COAST, FL 32164 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01302008 Chg-P CR2E034 (12/06) | | | 4. FEI Number 20-3237667 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | Applied For Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent BOLLRUD, GARY 2665 N ATLANTIC AVENUE #316 DAYTONA BEACH, FL 32118 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOLLRUD, GARY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2665 N ATLANTIC AVENUE #316</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAYTONA BEACH, FL 32118</td> <td></td> </tr> </table> | | | TITLE | D | <input type="checkbox"/> Delete | NAME | BOLLRUD, GARY | | STREET ADDRESS | 2665 N ATLANTIC AVENUE #316 | | CITY - ST - ZIP | DAYTONA BEACH, FL 32118 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BOLLRUD, GARY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>800 BELLE TERRE PKWY UNIT #200</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PALM COAST FL 32164</td> <td></td> </tr> </table> | | | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | BOLLRUD, GARY | | STREET ADDRESS | 800 BELLE TERRE PKWY UNIT #200 | | CITY - ST - ZIP | PALM COAST FL 32164 | |
| TITLE | D | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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:  | | | Date: 04/20/08 386 682 9418 | | | | | | | | | | | | | | | | | | | | | | | | | | |