


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2006 8:00 am**  
**Secretary of State**

05-24-2006 90009 009 \*\*\*150.00

<b>DOCUMENT # P05000121772</b> 1. Entity Name <b>N &amp; M POOL SERVICES, INC.</b>	
--	---

Principal Place of Business <b>UNIT 1014 BLD 47 WATERSIDE DRIVE SIENA, CELEBRATION, FL 34747 US</b>	Mailing Address <b>UNIT 1014 BLD 47 WATERSIDE DRIVE SIENA, CELEBRATION, FL 34747 US</b>
--	--

20046442



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01062006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3393010</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

**6. Name and Address of Current Registered Agent**

**CENTRAL FLORIDA VISA GROUP, INC.  
2800 WINTER LAKE ROAD  
LAKELAND, FL 33803**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete <b>DAVIES, NICHOLAS S</b>
NAME	<b>41 ASH CLOSE, SAINT GEORGES</b>
STREET ADDRESS	<b>WESTON SUPER MARE, UK BS22 9SQ</b>
CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete <b>DAVIES, MICHELLE K</b>
NAME	<b>41 ASH CLOSE, SAINT GEORGES</b>
STREET ADDRESS	<b>WESTON SUPER MARE, UK BS22 9SQ</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Unit 1014, Bld 47, Waterside Drive</b>
STREET ADDRESS	<b>Celebration, FL 34747</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Unit 1014, Bld 47, Waterside Drive</b>
STREET ADDRESS	<b>Celebration, FL 34747</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: \_\_\_\_\_ Date **5/17/06** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR