

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90017 046 ***150.00

DOCUMENT # P05000129593					
1. Entity Name EXPERT POOL REMODELING INC.					
Principal Place of Business 1530 SE APPAMATTOX TERRACE PORT ST. LUCIE, FL 34952			Mailing Address 1530 SE APPAMATTOX TERRACE PORT ST. LUCIE, FL 34952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07292006 Chg-P CR2E034 (11/05)	
4. FEI Number 300334617				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 PRISCO, RALPH 1530 SE APPAMATTOX TERRACE PORT ST. LUCIE, FL 34952			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 reappointing)					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME PRISCO, RALPH STREET ADDRESS 1530 SE APPAMATTOX TERRACE CITY-ST-ZIP PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME PRISCO, CATHERINE STREET ADDRESS 1530 SE APPAMATTOX TERRACE CITY-ST-ZIP PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME PRISCO, MICHAEL STREET ADDRESS 1530 SE APPAMATTOX TERRACE CITY-ST-ZIP PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME PRISCO, CHRISTOPHER STREET ADDRESS 1530 SE APPAMATTOX TERRACE CITY-ST-ZIP PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME WOODBURN, LISA M STREET ADDRESS 285 NE MAINSAIL STREET CITY-ST-ZIP PORT ST. LUCIE, FL 34983	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Ralph Prisco</i>			Date: 7-29-06 Daytime Phone #: 772-335 5506		