

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

182

06 AUG 11 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/17/06 90124 038 \$150.00



07252006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3568923 Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

WIESE, RAYMOND JR.
11380 SW 61 PLACE ROAD
OCALA, FL 34481

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
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 NAME STREET ADDRESS CITY-ST-ZIP	PST WIESE, RAYMOND JR. 11380 SW 61 PLACE ROAD OCALA, FL 34481	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

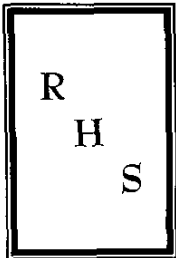
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/09/06 352 875-6971
Date Daytime Phone #



ROBERT H. SCHOEPF, P.A.

Certified Public Accountant

2508 NE 8th Lane
Ocala, Florida 34470

292

August 1, 2006

Division of Corporations
ATTN: DEBORAH COOPER
Annual Report Section
P.O. Box 6327
Tallahassee, Florida 32314

RE: Blue H2O Pool Service, Inc.
20-3568923

Dear Ms. Cooper,

In March 2006, Blue H2O Pool Service, Inc. sent in their Annual Report along with a check number 1011 for \$150.00.

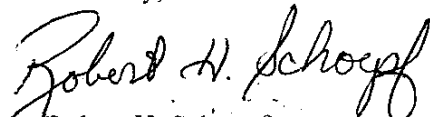
They recently received a Notice of Intent to Dissolve. The client had not received any further communication from the Division of Corporations until this notice arrived. The Division of Corporations did not return the check for \$150.00 it was processed on 3/22/06.

This office called you to get a clarification of the problem. We were told that a rejection letter was mailed to our client stating that the original was not signed and the FEIN was blank. However they never received that letter.

Enclosed you will find another form filled out properly and a copy of the check that was mailed in with the original form. Because the client did not received the letter of rejection, we ask that you credit the \$150.00 to this account and waive the \$400.00 penalty.

If I can be of further assistance, please call my office.

Sincerely,


Robert H. Schoepf,
Certified Public Accountant.