
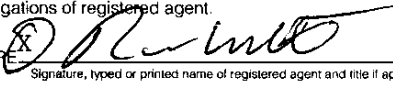
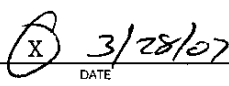
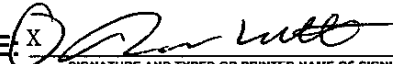
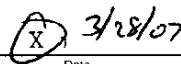
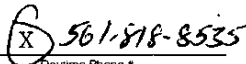


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90181 037 ***150.00

DOCUMENT # P06000008953			
1. Entity Name KNATTS POOL SERVICE INC.			
Principal Place of Business C/O COMPUKEEPER INC. 2298 NW BOCA RATON BLVD #20 BOCA RATON, FL 33431		Mailing Address C/O COMPUKEEPER INC. 2298 NW BOCA RATON BLVD #20 BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box # 6279 Austel CT		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Worth, FL		City & State	
Zip 33463	Country U.S.	Zip	Country
6. Name and Address of Current Registered Agent KNATT, RON C/O COMPUKEEPER INC. 2298 NW BOCA RATON BLVD #20 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Ron Knatt Street Address (P.O. Box Number is Not Acceptable) 6279 Austel CT City Lake Worth FL Zip Code 33463	
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  Ron Knatt, PR DATE  3/28/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNATT, RON 6279 AUSTEL CT LAKE WORTH, FL 33463 <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
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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  Ron Knatt, PR		DATE  3/28/07 DAYTIME PHONE  561-818-8535	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



01162007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4093416** Applied For ☐ Not Applicable

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