

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000026049**

**1. Entity Name**  
**CABANA BOY POOL CLEANING SERVICE, INC.**



**Principal Place of Business**  
**3336 GROVE ROAD**  
**PALM BEACH GARDENS, FL 33410 US**

**Mailing Address**  
**3336 GROVE ROAD**  
**PALM BEACH GARDENS, FL 33410 US**



04262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> <b>20-4350995</b>	<b>Applied For</b> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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

**SELDOW, ALLEN J**  
**3336 GROVE ROAD**  
**PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE  
IN THIS SPACE**

**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**

*[Signature]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4-26-08**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>SELDOW, ALLEN J</b>
<b>STREET ADDRESS</b>	<b>3336 GROVE ROAD</b>
<b>CITY-ST-ZIP</b>	<b>PALM BEACH GARDENS, FL 33410</b>
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>SELDOW, SHARON M</b>
<b>STREET ADDRESS</b>	<b>3336 GROVE ROAD</b>
<b>CITY-ST-ZIP</b>	<b>PALM BEACH GARDENS, FL 33410</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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05/21/08-80070-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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 another like empowered.**

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-08**  
Date

**(561) 351-5645**  
Daytime Phone #