

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90259 048 \*\*\*150.00

**DOCUMENT # P06000063729**



1. Entity Name  
**S & L'S POOL CLEANING SERVICES, INC.**

Principal Place of Business  
**3258 SHINGLER TERRACE  
 DELTONA, FL 32738**

Mailing Address  
**3258 SHINGLER TERRACE  
 DELTONA, FL 32738**

**50000127**



01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**20-4836083**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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

**KIRBY, STEPHEN J  
 3258 SHINGLER TERRACE  
 DELTONA, FL 32738**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

**\$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

**PVP  
 KIRBY, STEPHEN J  
 3258 SHINGLER TERRACE  
 DELTONA, FL 32738**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**ST  
 KELLY, LESLIE A  
 3258 SHINGLER TERRACE  
 DELTONA, FL 32738**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
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 CITY-ST-ZIP

Change  Addition

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 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Stephen J Kirby*

**1-11-07**

Date

Daytime Phone #