

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

04-30-2007 90476 018 ***150.00

DOCUMENT # P06000145850 1. Entity Name CORAL REEF POOL SERVICES, INC.																								
Principal Place of Business 128 COOLIDGE AVE. LEHIGH ACRES, FL 33936		Mailing Address 128 COOLIDGE AVE. LEHIGH ACRES, FL 33936																						
2. Principal Place of Business - No P.O. Box # 128 Coolidge Ave		3. Mailing Address 128 Coolidge Ave																						
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																						
City & State Lehigh Acres FL		City & State Lehigh Acres FL																						
Zip 33936		Zip 33936																						
Country 		Country 																						
4. FEI Number 22-3947754		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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																						
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: DATE: 4/27/07 <small>(NOTE: Registered Agent signature required when reappointing)</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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>DPST BRAINARD, CHRIS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>128 COOLIDGE AVE. LEHIGH ACRES, FL 33936</td> <td></td> </tr> </table>		TITLE	NAME	Delete	STREET ADDRESS	DPST BRAINARD, CHRIS		CITY - ST - ZIP	128 COOLIDGE AVE. LEHIGH ACRES, FL 33936		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change	Addition	STREET ADDRESS				CITY - ST - ZIP			
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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:		Date: 4/27/07 Daytime Phone #: 239/645-9200																						