

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000146601

1. Entity Name
AQUA CLEAN POOL CARE, INC.



Principal Place of Business
985 C-470
LAKE PANASOFFKEE, FL 33538

Mailing Address
PO BOX 1583
LAKE PANASOFFKEE, FL 33538

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

04202007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5992075

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARNARD, ROBERICK L
985 C-470
LAKE PANASOFFKEE, FL 33538

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

TITLE P Delete
NAME BARNARD, ROBERT W
STREET ADDRESS PO BOX 1583
CITY-ST-ZIP LAKE PANASOFFKEE, FL 33538

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP Change Addition
NAME Roderrick, L. Barnard
STREET ADDRESS P.O. Box 1583
CITY-ST-ZIP Lake Panasoffkee, FL 33538

TITLE VP Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Roderrick L. Barnard, V.P. 7/23/07 352-793-5591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #