

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044487

Entity Name: CAREFREE POOL SERVICE, INC.

FILED
Aug 29, 2007
Secretary of State

Current Principal Place of Business:

500 SOUTHERN BLVD
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

6971 NORTH FEDERAL HIGHWAY
STE. 105
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-0420066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENWALD, STEVEN I ESQ.
6971 NORTH FEDERAL HIGHWAY
STE. 105
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HYMAN, MORTON
Address: 7757 ROYALE RIVER LANE
City-St-Zip: LAKE WORTH, FL 33367

Title: P () Delete
Name: HYMAN, BRIAN
Address: 145 YACHT CLUB WAY, APT #103
City-St-Zip: HYPOLUXO, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HYMAN, MORTON
Address: 7757 ROYALE RIVER LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN P HYMAN

P

08/29/2007

Electronic Signature of Signing Officer or Director

Date