2006 FOR PROFIT CORPORATION '

DOCUMENT, #P94000025411 **CERTYARMS*** EDDIES POOL SERVICE, INC. **Principal Place of Business** 2014 REPARTMENT** **Principal Place of Business** **Princi		REINSTATEMENT								
Principal Price of Business 2015 ACTION STORM WOODS LANE MAPLES, FL 34109 US 2. Principal Prace of Business Sura, Apl. 8, 800. 2. Principal Prace of Business Sura, Apl. 8, 800. 3. Mailing Address Sura, Apl. 8, 800. 3. Country Sura, Apl. 8, 800. 3. Mailing Address Sura, Apl. 8, 800. 3. Mailing Address Sura, Apl. 8, 800. 3. Country Sura, Apl. 8, 800. 3. Country Sura, Apl. 8, 800. 3. Mailing Address Sura, Apl. 8, 800. 3. Mailing Address Sura, Apl. 8, 800. 3. Country Sura, Apl. 8, 800. 3. Mailing Address Sura, Apl. 8, 800. 3. Mailing Address Sura, Apl. 8, 800. 3. Mailing Address Sura, Apl. 8, 800. 3. Country Sura, Apl. 8, 800. 3. Mailing Address Sura, Apl. 8, 8						06500				
Principal Price of Business 2015 ACTION STORM WOODS LANE MAPLES, FL 34109 US 2. Principal Prace of Business Sura, Apl. 8, 800. 2. Principal Prace of Business Sura, Apl. 8, 800. 3. Mailing Address Sura, Apl. 8, 800. 3. Country Sura, Apl. 8, 800. 3. Mailing Address Sura, Apl. 8, 800. 3. Mailing Address Sura, Apl. 8, 800. 3. Country Sura, Apl. 8, 800. 3. Country Sura, Apl. 8, 800. 3. Mailing Address Sura, Apl. 8, 800. 3. Mailing Address Sura, Apl. 8, 800. 3. Country Sura, Apl. 8, 800. 3. Mailing Address Sura, Apl. 8, 800. 3. Mailing Address Sura, Apl. 8, 800. 3. Mailing Address Sura, Apl. 8, 800. 3. Country Sura, Apl. 8, 800. 3. Mailing Address Sura, Apl. 8, 8							OOLEB	17 PH 4:3	7	
### APPLES FE 34109 US ### AP					15		TALL	175		
APPLES, FL 34109 US APPLES, F	ŕ		_	DC I AND	J.C.			THE LONG	L a/	
Suite. Apr 4, etc. Applied For 6, 9, 8 Suite 6, 9, etc. Suite. Apr 4, etc. Applied For 6, 9, 8 Suite 6, etc. Suite. Apr 4, etc. Suite. Apr 4, etc. Applied For 6, 9, 8 Suite 6, etc. Suite. Apr 4, etc.							16 44 E 3., 20		-06	
Suite. Apr 4, etc. Applied For 6, 9, 8 Suite 6, 9, etc. Suite. Apr 4, etc. Applied For 6, 9, 8 Suite 6, etc. Suite. Apr 4, etc. Suite. Apr 4, etc. Applied For 6, 9, 8 Suite 6, etc. Suite. Apr 4, etc.										
Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. Applied For CR26088 (11/05)			3. Mailing Address							
Signature Registered Agent			Suite, Apt. #, etc.			01232006	REIN-P	CR2E098 (11/05)		
Signature Signat	City & State		City & State							
Section Appendix Section Agent Section A	217821	,	Zip	Country				□ \$8.75 Ad	ditional	
### CITY NAME Single projected (P.C. & N. Number of Netheropsulfile)	<u> </u>	6. Name and Address of Current R	Registered Agent			7. Name and A	ddress of New R		ed	
NAPLES, FL 34109 City Names Special Plants Statement of Propuration of Control Plants Statement of Propuration of Control Plants Statement of Plants Statement of Propuration of Control Plants Statement of Plants Statement Statement of Plants Statement of Plants Statement of Plants Statement of Plants Statement Sta	IRIZARRY,	EDDIE		Name	<u> </u>	nise_	Pola	nco_		
8. The above named entity submits this statement for integration of the public of changing its registered diffice or registered agent, or both, in the State of Florida, I am familiar with, and accept the chiligatiops of Tighthere diagrams, applied agent, or both, in the State of Florida, I am familiar with, and accept the chilipations of Tighthere diagrams, and the floridation of the children of		,		Sirge Ad	73	P.C. Bax Number	is Not Acceptable	ve_		
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 obligatopart PCPUsed agent. Signature										
THE ENDWILL FEE IS \$900.00 10. OFFICERS AND DIRECTORS	1000/e5 FE 34/04									
FILE NOW!! FEE IS \$900.00 10. OFFICERS AND DIRECTORS										
FILE NOW!!! FEE IS \$900.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE RAME RIZARRY, EDDIE MAME MAME	SIGNATURE Shows the property of printed name of registered agent and title of accidable. (NOTE: Registered Agent signature required when reinstating) OATE									
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE P										
TITLE PIRIZARRY, EDDIE RIZARRY, EDDI	FIL	E NOW!!! FEE IS \$900.00							[
NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P					•	ADDITIONS/C	HANGES TO OFF			
CITY-ST-ZIP NAPLES, FL OIPY-ST-ZIP NAME POLANCO, DENISE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 Oelele ITILE NAME STREET ADDRESS CITY-ST-ZIP OElele ITILE OElele ITILE OELE OELE OTTY-ST-ZIP OELE OTTY-ST-ZIP OELE OTTY-ST-ZIP OELE OTTY-ST-ZIP OELE OTTY			☐ Delete	1				☐ Change	Addition	
TITLE POLANCO, DENISE POLANCO, DENISE SIRET ADDRESS 6741 LIVINGSTON WOODS LANE CITY-ST-ZIP INTLE NAME NAPLES, FL 34109 ITILE NAME STREET ADDRESS CITY-ST-ZIP Detele Detele ITILE NAME STREET ADDRESS CITY-ST-ZIP Detele ITILE NAME STREET ADDRESS CITY-ST-ZIP Detele Detele ITILE NAME STREET ADDRESS CITY-ST-ZIP Detele Detele Detele										
STREET ADDRESS CITY-SI-ZIP NAPLES, FL 34109 Delete	TITLE	V	☐ Delete			*****		☐ Change	☐ Addition	
TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TI			E			9) no /n/	00067	459309	0.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		NAPLES, FL 34109	☐ Delete		Ξ	03/ 0:	201000102			
CITY-ST-ZIP TITLE Delete TITLE Delete Delete	NAME		La Delete	NAME	car	men =	rizari	^r u		
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST					30	41 Livi	ASTON !		J ,	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO 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 arrationment with an address, with all other like empowered.			☐ Defete			1		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 arrattablement with an address, with all other like empowered.	STREET ADDRESS			STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 arrattablement with an address, with all other like empowered.			☐ Delete	_				☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 arrattablement with an address, with all other like empowered. SIGNATURE SIGNATURE CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDICATOR CHANGE Addition Addition Change Addition Change Addition Change Addition	NAME									
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.					· -			<u> </u>		
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: SIGNATURE: 1. A 3-0.0			☐ Delete					☐ 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.	STREET ADDRESS									
SIGNATURE ON SIGNATURE 1010 CO VI 1-23-06 643-3456	And the whole information applied with this filling does not qualify for the exampling contained in Chapter 119. Florida Statutes I further certify that the information									
SIGNATURE DENISE TOTANCO VI 1-23-06 643-3456	indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that n wered to execute this report	ny signature shall ha as required by Chaj	pter 607	same legal effect 7, Florida Statutes	; and that my nam	e appears in Block 10 c	or Block 11 if	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Daytime Phone #	_	1)000100	tolong	\circ \lor	Ψ		1-23-11	750 -643 Q	3454	
	SIGNAI	TSIGNATURE AND TYPED OR PA	RINTED NAME OF SIGNING OFFICER	OR DIRECTOR	•		Dale	Daytime Phone		