


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000025411 1. Entity Name EDDIE'S POOL SERVICE, INC.					
Principal Place of Business 2015A ELSA STREET NAPLES, FL 34109 US			Mailing Address 6741 LIVINGSTON WOODS LANE NAPLES, FL 34109 US		
2. Principal Place of Business 4442 Arnold Ave Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Naples, FL		City & State		4. FEI Number 65-0489068	
Zip 34104		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IRIZARRY, EDDIE 6741 LIVINGSTON WOODS LANE NAPLES, FL 34109				7. Name and Address of New Registered Agent Name Denise Polanco Street Address (P.O. Box Number is Not Acceptable) 4442 Arnold Ave City Naples FL Zip Code 34104	
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 <u>Denise Polanco</u> 2/10/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRIZARRY, EDDIE 6741 LIVINGSTON WOODS LN NAPLES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POLANCO, DENISE 6741 LIVINGSTON WOODS LANE NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900067459309 03/09/06--01022--006 **900.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Carmen Irizarry 6741 Livingston Woods Ln Naples, FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Denise Polanco</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/10/06 Daytime Phone # 643-3450		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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