2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# P94000029289

Entity Name: ALL SEASONS POOL CARE, INC.

Current Principal Place of Business:

13326 DOUBLETREE CIRCLE
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 118
LOXAHATCHEE, FL 33470 US

New Mailing Address:

FEI Number: 65-0488821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPARKLING WATERS, LLC.
127 YACHT CLUB WAY STE 106
HYPOLUTO, FL 33462 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: PDS ( ) Delete
Name: FERENCAK, TROY
Address: 15922 CYPRESS PARK DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: V ( ) Delete
Name: AULD, JOHN J III
Address: 13326 DOUBLETREE CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition
Name: FERENCAK, TROY
Address: PO BOX 557
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V (X) Change ( ) Addition
Name: AULD, JOHN J III
Address: 127 YATCH CLUB WAY SUITE #106
City-St-Zip: HYPOLUXO, FL 33462 US

I hereby certify that the information supplied with this filing does not qualify for the 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: TROY FERENCAK PDS 01/05/2007

Electronic Signature of Signing Officer or Director Date