2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Feb 07, 2005 08:00 AM **DOCUMENT # P94000071861 Secretary of State** PARADISE POOL AND SPA SERVICE COMPANY Principal Place of Business Mailing Address 580 LAKE ISLAND DR. 6807 LAKE ISLAND DR. LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 (P94000071861P) 01282005 No Chg-P CR 2E 034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0528815 Not Applic able \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCAGLIONE, RICHARD D DO NOT WRITE 6807 LAKE ISLAND DR. LAKE WORTH, FL 33467 IN THIS SPACE 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 agentand this f applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PVTS TITLE SCAGLIONE, RICHARD D U00000218418 6807 LAKE ISLAND DR. 02/07/05-80062-022 150.00 STREET AD DRESS LAKE WORTH, FL 33467 CITY . ST - ZIF TITL E NAM S STREET AD DRESS CITY . # T - 211 TITL E DO NOT WRITE STREET AD DRESS CITY . ST. 21P IN THIS SPACE NAN E ST REET AD DREES TITL E ST REET AD DRESS CITY . ST. EP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 cash; that I am an officer or director of the composition or the receiver or trustee empowered to effect as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackmen