


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000075854
1. Entity Name
PRISTINE POOL SERVICES, INC.



Principal Place of Business
6979 W. CALLE DEL PAZ
BOCA RATON, FL 33433

Mailing Address
6979 W. CALLE DEL PAZ
BOCA RATON, FL 33433



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0528481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MINTZ, STEPHEN
6979 W. CALLE DEL PAZ
BOCA RATON, FL 33433

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000001356747
05/11/05-80027-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTZ, STEPHEN 6979 W. CALLE DEL PAZ BOCA RATON, FL 3433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTZ, CRISTINA E 6979 W. CALLE DEL PAZ BOCA RATON, FL 3433
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____