2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED 4 Jan 18, 2005 08:00 AM DOCUMENT # P95000027507 **Secretary of State** JOY POOL SERVICE, INC. Principal Place of Business Mailing Address 409 NW 27 ST 409 NW 27 ST WILTON MANORS, FL 33311 WILTON MANORS, FL 33311 No Chg-P 01072005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0569907 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EHRLER, STANLEY DO NOT WRITE 409 NW 27 ST WILTON MANORS, FL. 33311 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE **EHRLER, STANLEY** NAME U00000182042 STREET ADDRESS 409 NW 27 ST 01/19/05-80010-015 150.00 WILTON MANORS, FL 33311 CITY - ST-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. It hereby certify that the Information supplied with this filling 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 pit of the empowered.

Davime Phone #