2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90038 026 ***150.00

DOCUMENT # P95000088471

1. Entity Name
MADELINE'S POOL SERVICE, INC.

Principal Place of Business
9002 W. NORFOLK ST.
TAMPA FL 33615

Mailing Address
9002 W. NORFOLK ST.
TAMPA FL 33615

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #
6913 SHELDON ROAD
Suite, Apt. #, etc.

3. Mailing Address
6913 SHELDON ROAD
Suite, Apt. #, etc.

City & State: TAMPA FLORIDA
Zip: 33615 Country: U.S.A.

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Zip: 33615 Country: U.S.A.

4. FEI Number 59-3351946 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCMORROW, MADELINE
9002 W. NORFOLK ST.
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name: MC MORROW, MADELINE
Street Address (P.O. Box Number is Not Acceptable): 6913 SHELDON ROAD
City: TAMPA FLORIDA FL Zip Code: 33615

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 agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	MCMORROW, MADELINE	
STREET ADDRESS	9002 W NORFOLK ST	
CITY ST ZIP	TAMPA FL	
TITLE	S	☒ Delete
NAME	MCMORROW, JOHN F	
STREET ADDRESS	8906 W FLORA ST	
CITY ST ZIP	TAMPA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
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CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Madeline McMorrow MADELINE MCMORROW 3/30/07 813 966-7403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #