

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000093188

1. Entity Name  
VINCE'S POOL SERVICES, INC.



Principal Place of Business  
11761 NW 27TH ST  
PLANTATION, FL 33323 US

Mailing Address  
11761 NW 27TH ST  
PLANTATION, FL 33323 US

**FILED  
Apr 27, 2005 08:00 AM  
Secretary of State**



03202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0625210	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MARCHESE, DONNA  
11761 NW 27TH STREET  
PLANTATION, FL 33323

**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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

**10. OFFICERS AND DIRECTORS**

TITLE	PDST
NAME	MARCHESE, DONNA
STREET ADDRESS	11761 NW 27TH STREET
CITY-ST-ZIP	PLANTATION, FL 33323

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

Lin00000335709  
04/27/05-80095-013 150.00

**DO NOT WRITE  
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 #

DSM