

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000002327

Entity Name: CRYSTAL CLEAR POOL CARE, INC.

**FILED**  
**Jul 09, 2005**  
**Secretary of State**

## **Current Principal Place of Business:**

C/O JAMES L. WILLIAMS  
7102 DUDLEY AVENUE  
MOUNT DORA, FL 32757

## **New Principal Place of Business:**

C/O JAMES L. WILLIAMS  
29228 S.R. 40  
ASTOR, FL 32102

## **Current Mailing Address:**

C/O JAMES L. WILLIAMS  
7102 DUDLEY AVENUE  
MOUNT DORA, FL 32757

## **New Mailing Address:**

C/O JAMES L. WILLIAMS  
P.O. BOX 335  
ASTOR, FL 32102

FEI Number: 59-3353563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

WILLIAMS, JAMES L  
7102 DUDLEY AVENUE  
MOUNT DORA, FL 32757 US

## **Name and Address of New Registered Agent:**

WILLIAMS, JAMES L  
29228 S.R. 40  
ASTOR, FL 32102 US

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.

SIGNATURE:

07/09/2005

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILLIAMS, JAMES L  
Address: 7102 DUDLEY AVENUE  
City-St-Zip: MOUNT DORA, FL 32757

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, JAMES L  
Address: 29228 SR40  
City-St-Zip: ASTOR, FL 32102

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. WILLIAMS

D

07/09/2005

Electronic Signature of Signing Officer or Director

Date