

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90027 013 ***150.00

DOCUMENT # **p96000056037**

1. Entity Name

Islander Pool Services, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10664 53 Ave N.

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Pete. FL

City & State

Zip

33708

Country

Pinellas

Country

4. FEI Number

59-3388479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Richard W. McNally

Street Address (P.O. Box Number is Not Acceptable)

10664 53 Ave N.

City

St. Pete.

FL

Zip Code

33708

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

Richard W. McNally

8/29/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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	P.V.T.
NAME	Richard W. McNally
STREET ADDRESS	10664 53 Ave N.
CITY - ST - ZIP	St. Pete. FL 33708
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	

**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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard W. McNally

8/29/06

727-393-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

60038541

8/29/06.

To The Projet Corp.

I never recieved my
annual report before
may of 2006. And I
would like to request
the \$400.00 late fee
be waved.

Thankyou.

Document # P96000056037

ck # 3025 for \$150⁰⁰.

Richard W. McNally

ISLANDER POOL SERVICE INC.
10664 53 AVE. NORTH
ST. PETE FL. 33708-3322

727-393-4800