2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 20, 2005 8:00 am Secretary of State **DOCUMENT # P97000009526** 04-20-2005 90349 004 ***150.00 CLEAR WATER POOL SERVICE OF SARASOTA, INC. Principal Place of Business Mailing Address 3327 ROSE STREET - · · · · 3327 ROSE STREET SARASOTA, FL 34239 SARASOTA, FL 34239 2. Principal Place of Business 4971 SoutHEEN WOOD De 01172005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For SARASOTA 65-0717089 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCCAULEY, MARK Street Address (P.O. Box Number is Not Acceptable) 3327 ROSE STREET SARASOTA, FL 34239 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change Change Addition TITLE TITLE ☐ Delete 4971 SoutHERN WOOD DR MCCAULEY, MARK NAME 3327 ROSE STREET STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34239 ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME - -NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE . TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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. MARK MCQAULY

FILED

Daytime Phone #