

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000052809

1. Entity Name
CRYSTAL WATER POOL SERVICE, INC.



Principal Place of Business

**8417 EL PORTAL DR
UNIT 3305
TAMPA, FL 33604 US**

Mailing Address

**8417 EL PORTAL DR
UNIT 3305
TAMPA, FL 33604 US**



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3452381** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HANLON, TRACY
8417 EL PORTAL DR
TAMPA, FL 33604**

**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 title 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**

**U00000280555
03/30/05-80039-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
HANLON, TRACY ALAN
8417 EL PORTAL DR
TAMPA, FL 33604**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HANLON, LINDA
2104 BARCLAY ROAD
TAMPA, FL 33612**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Hanlon* **Linda Hanlon** *3/28/05* **Treasurer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #