


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

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000078173 1. Entity Name BLUE CHIP POOL SERVICE, INC.	
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Principal Place of Business 10972 NORTHWEST 1ST MANOR CORAL SPRINGS, FL 33071	Mailing Address 10972 NORTHWEST 1ST MANOR CORAL SPRINGS, FL 33071
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DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

4. FSI Number 65-0783790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YURAN, HAROLD
10972 NW 1 MA
CORAL SPRINGS, FL 33071

**DO NOT WRITE
IN THIS SPACE**

I, the above named entity submit 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 not Florida (VOID: Registered Agent signature required when withdrawing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

7. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD YURAN, HAROLD B 10972 NORTHWEST 1ST MANOR CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YURAN, RYAN A 10972 NORTHWEST 1ST MANOR CORAL SPRINGS, FL 33071
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IN THIS SPACE**

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04/08/05-80079-023 150 00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 007, 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, who empowered.

SIGNATURE: Harold B. Yuran 4/5/05 954-755-9389
Signature and typed or printed name of officer or director Date Day/In/Phone