

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000058715,**

Entity Name

**SHAWN QUACKENBUSH SWIMMING POOL SERVICE, INC.**



Principal Place of Business

**7962 KNOX LOOP  
NEW PORT RICHEY, FL 34655**

Mailing Address

**7962 KNOX LOOP  
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE IN THIS SPACE**



01192006

No Chg-P

CR2E034 (11/05)

4. FEI Number

**59-3528134**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**QUACKENBUSH, SHAWN  
7962 KNOX LOOP  
NEW PORT RICHEY, FL 34655**

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IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

OFFICERS AND DIRECTORS

NAME	<b>D QUACKENBUSH, SHAWN</b>
HOME ADDRESS	<b>7962 KNOX LOOP</b>
HOME CITY-STATE-ZIP	<b>NEW PORT RICHEY, FL 34655</b>
WORK ADDRESS	
WORK CITY-STATE-ZIP	
MAILING ADDRESS	
MAILING CITY-STATE-ZIP	
MAILING ADDRESS	
MAILING CITY-STATE-ZIP	
MAILING ADDRESS	
MAILING CITY-STATE-ZIP	

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IN THIS SPACE**

**11/30/06-80079-017 150.00**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

**X**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #