

# **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P98000060065



**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

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Secretary of State

1. Entity Name  
PRIME POOL SERVICE AND REPAIRS INC.

Principal Place of Business

1954 SHADETREE WAY  
SUITE C  
WEST PALM BEACH, FL 33406

Mailing Address

1954 SHADETREE WAY  
SUITE C  
WEST PALM BEACH, FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RICE, MIKE  
1954 SHADETREE WAY  
SUITE C  
WEST PALM BEACH, FL 33406

Name

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

City

FL

Zip Code

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 re-appointing)

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**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME RICE, MIKE  
STREET ADDRESS 1954 SHADETREE WAY  
CITY-ST-ZIP WEST PALM BEACH, FL 33406

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS U000000552208  
CITY-ST-ZIP 05/15/06-80002-008 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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: *Mike Rice - Mike Rice*

*4/18/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #