2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # P98000073446 1. Entity Name LOUIS "ELITE" POOL SERVICES, INC. Principal Place of Business Mailing Address 6224 DIAMOND LAKE COURT BOYNTON BEACH FL 33437 6224 DIAMOND LAKE COURT **BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FE! Number Applied For 59-3528585 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSENBERG, CHARLES H Street Address (P.O. Box Number is Not Acceptable) 6224 DIAMOND LAKE COURT #CK 668 **BOYNTON BEACH FL 33437** Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HITLE TJJŧſ ☐ Change ☐ Addition Delete ROSENBERG, LOUIS NAME NAME 000000337235 04/27/05-80158-011 150.00 STREET ADDRESS 6224 DIAMOND LAKE CT STREET ADDRESS BOYNTON BEACH FL CITY ST-21P CITY - ST - ZIP VΩ MILE Delete TITLE Change Addition ROSENBERG, CHARLES H NAME NAME STREET ADDRESS 6224 DIAMOND LAKE CT STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437** CHY ST-ZIP meDelete HILF Change ☐ Addition NAME ROSENBERG, SONDRA SUREET ADDRESS STREET ADDRESS 6224 DIAMOND LAKE CT CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY ST-ZIP DILLE Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUT-ST AP HILL Delete Change 🔲 Ārādīti. TUTE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST ZIP THUE Delete Change Addilio NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY SI- 22 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(7), Florida Statutes 1 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 truster empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered

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