


FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90162 035 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000025680		
1. Entity Name HAROLD RICHARDS POOL SERVICE, INC.		
Principal Place of Business 3612 VICTORIA DRIVE WEST PALM BEACH, FL 33406		Mailing Address PO BOX 20616 WEST PALM BEACH, FL 33416
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent RICHARDS, HAROLD 3612 VICTORIA DR WEST PALM BEACH, FL 33406		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 _____ (NOTE: Registered Agent signature required when re-electing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDS, HAROLD 3612 VICTORIA DRIVE WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARDS, AUDREY 3612 VICTORIA DRIVE WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: <u>Audrey Richards</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1/2/07</u> Daytime Phone # _____