

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000026788	
1. Entity Name PERFECT POOL CHEMICAL SERVICE OF SARASOTA COUNTY, INC.	



Principal Place of Business 295 FAREHAM DR VENICE, FL 34293	Mailing Address PMB #125 2357 -3 SO. TAMIAMI TRAIL VENICE, FL 34293
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04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0905723	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCULLY, EDWARD M JR. 295 FAREHAM DR VENICE, FL 34293	
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 04/18/05-80004-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCULLY, EDWARD M JR. 295 FAREHAM DR VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALWES, JAMES BRAD 295 FAREHAM DR VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCULLY, JILL E 295 FAREHAM DR VENICE, FL 34293
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>X [Signature]</u>	Date: <u>X 4/11/05</u>	Daytime Phone #: <u>X 941-809-5457</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		