


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90409 001 ***150.00

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			
2. Principal Place of Business - No P.O. Box # 175 SOUTH JACKSON RD		3. Mailing Address 307 SUNSET RD				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State Venice FL		City & State OSPREY FL		4. FEI Number 65-0905723		
Zip 34292		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SCULLY, EDWARD M JR. 295 FAREHAM DR VENICE, FL 34293			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 307 SUNSET RD City OSPREY FL Zip Code 34229			
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 reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D	NAME SCULLY, EDWARD M JR.		<input type="checkbox"/> Delete	TITLE 	NAME 307 SUNSET RD	
STREET ADDRESS 295 FAREHAM DR	CITY-ST-ZIP VENICE, FL 34293		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 307 SUNSET RD	CITY-ST-ZIP OSPREY FL 34229	
TITLE VP	NAME ALWES, JAMES BRAD		<input type="checkbox"/> Delete	TITLE 	NAME 307 SUNSET RD	
STREET ADDRESS 295 FAREHAM DR	CITY-ST-ZIP VENICE, FL 34293		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 307 SUNSET RD	CITY-ST-ZIP OSPREY FL 34229	
TITLE S	NAME SCULLY, JILL E		<input type="checkbox"/> Delete	TITLE 	NAME 307 SUNSET RD	
STREET ADDRESS 295 FAREHAM DR	CITY-ST-ZIP VENICE, FL 34293		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 307 SUNSET RD	CITY-ST-ZIP OSPREY FL 34229	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-07 941-488-9452