2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90179 017 ***150.00

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1. Entity Name
DARRELL'S POOL SERVICE, INC.

Principal Place of Business
~~1055 KENSINGTON PARK DR, SUITE 305~~
~~ALTAMONTE SPRINGS, FL 32714~~
490 MILE POST CT.
LAKE MARY, FL 32746

Mailing Address
P.O. BOX 160605
ALTAMONTE SPRINGS, FL 32716-0605

04182007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3572649
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, DARRELL
~~1055 KENSINGTON PARK DR, SUITE 305~~
~~ALTAMONTE SPRINGS, FL 32714~~
490 MILE POST CT.
LAKE MARY, FL 32746

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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 _____ DATE
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MYERS, DARRELL R
STREET ADDRESS	~~1055 KENSINGTON PARK DR, SUITE 305~~
CITY-ST-ZIP	~~ALTAMONTE SPRINGS, FL 32714~~
TITLE	P
NAME	MYERS, DARRELL R.
STREET ADDRESS	490 MILE POST CT.
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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: Darrell R. M 4-17-07 407-509-9485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #