2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

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SIGNATURE:

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FILED DOCUMENT # P99000035326 Feb 26, 2007 08:00 AM 1. Entity Namo **Secretary of State** JOHNNY'S POOL CARE, INC. Principal Place of Business Mailing Address 4911 BACCUS AVE. 4911 BACCUS AVE SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite. Apl #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0913241 Not Applicat Zip Country Country \$8.75 Additional 5. Cortificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WINTERS, JOHN B Street Address (P.O. Box Number is Not Acceptable) 4911 BACCUS AVE SARASOTA FL 34233 Zip Code 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 reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 2 After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ШЦ Adding Change Delete HILE U00000646969 WINTERS, JOHN B NAM MAM 03/05/07-80053-019 150.00 4911 BACCUS AVE. STREET ADDRESS STREET ADDRESS SARASOTA FL 34233 CITY ST-71P CITY ST ZIP HILF ☐ Change Addition Delete 18813 NAME NAME STREET ADDRESS STREET ADDRESS CUTY ST-71P CHY-SI-7P mr ☐ Delete IIIU ☐ Change A Air Sin NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-709 CITY-ST-ZIP Additi. THE ☐ Delete THIS Change | N/M MANAE STREET ADDRESS STRUT | ADDRESS CITY-ST ZIP CUTY-ST ZIP ☐ Detete ☐ Change □ A⊕.... 11111 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY SE-ZIP Addan HILL ☐ Defele TITLE Change NAM NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an effect of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an address, with all other like appropriate.