

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

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DOCUMENT # P99000039225

1. Entity Name

ABOVE! BEYOND POOL SERVICE INC.



FILED

08 OCT 29 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9850 VIA AMATE, OK  
Suite, Apt. #, etc.

3. Mailing Address

9850 VIA AMATE, OK  
Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

LAKE WORTH FL  
Zip 33467 Country USA

City & State

LAKE WORTH FL  
Zip 33467 Country USA

4. FEI Number

65-0939185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael A CACCADVELLA

Street Address (P.O. Box Number is Not Acceptable)

9850 VIA AMATE, OK

City

LAKE WORTH

FL

Zip Code

33467

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

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PRESIDENT  
Michael CACCADVELLA  
9850 VIA AMATE, OK  
LAKE WORTH FL 33467

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

300137619263  
11/04/08--01026--009 \*\*150.00

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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)(i), 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 on an attachment with an address, with all other duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/08 561-706-9426

JC 10/30

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to whom it may concern this is second form <sup>& check</sup>  
sent and second letter stating me  
not getting or receiving Form or contact  
from you. Here is copy of letter stating  
that I sent Form <sup>& check</sup> from ~~that~~  
Before that said I didn't get Form  
So I'm sending it overnight &  
make sure you get Form, check  
letter as to not receiving Form  
all together. Thank you for attention.

Michael A. Casarelli

ABOVE & BEYOND POOL SERVICE INC.  
9850 VIA AMATI  
LAKE WORTH, FL 33467-6936

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DATE Aug 30/08

PAY TO THE ORDER OF State of FL

\$ 150.00

to whom it may concern I sent a  
check # 1478 on april 27/08  
for \$150.00 made out to FL Dept of State  
that's what is <sup>in</sup> My Check Book Ledger  
I checked web site and it did not  
show it was processed Nor did  
My Bank say it was ~~checked~~ cashed  
I tried a million times on the phone  
going from automated lines to people that  
put me on hold and got hung up on  
so I'm stopping payment on old  
check # 1478 and sending this #1551  
so somebody has to sign for it.

I also tried to pay on line and  
over & over it won't go thru it was