


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000051560	
1. Entity Name POOLTIME SERVICES, INC.	

Principal Place of Business 1100 BARNETT DR., SUITE 22 LAKE WORTH, FL 33461	Mailing Address 1100 BARNETT DR., SUITE 22 LAKE WORTH, FL 33461
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0933186	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 SHIERS, HARRY A 1100 BARNETT DRIVE #22 LAKE WORTH, FL 33461
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHIERS, HARRY A 1100 BARRETT DR., SUITE 22 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIERS, SEAN 1100 BARNETT DRIVE #22 LAKE WORTH, FL 33461
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01/25/05-80082-025 150.00

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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: Harry A Shiers 1-14-25 561-436-2208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #