2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 08:00 AM Secretary of State palled For eldsoilggA tol Iditional n, and accept U00000487638 04/14/06-80005-012 150.**00**

DOCUMENT # P9900055040 1. Entity Name G & S POOL SERVICE II, INC.			Secre	tary of Si
Principal Place of Business 4231 NE 27TH AVE. LIGHTHOUSE POINT, FL 33064	Mailing Address 4231 NE 27TH AVE. LIGHTHOUSE POINT, FL 33	3064		
			51182006 Na Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		4. FEI Number 65-0928218		
			5. Certificate of Status Desired	S8.75 Ac Fee Requir
6. Name and Address of C	turrent Registered Agent			
CHORZELEWSKI, BRIAN 4231 NE 27TH AVE. LIGHTHOUSE POINT, FL 33064			DO NOT WRITE IN THIS SPACE	
The above named entity submits this state the obligations of registered agent. SIGNATURE	ment for the purpose of changing its regi	istered office or registe	red agent, or both, in the State of Fi	onda i em familier will
Signature (voed or printed name of registe	ited enert and title it applicable (NGTE: Rec	istered Agent signature recurren	d when reinstating)	DATE

FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE CHORZELEWSKI, BRIAN NAME 4231 NE 27TH AVE STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 TITLE CHORZELWESKI, ALISON C NAME 4231 NE 27TH AVE STREET ADDRESS CITY-ST-21P LIGHTHOUSE POINT, FL 33064 THE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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 exploite this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CUTY-ST-ZIP TID F NAME STREET ADDRESS C114-\$1-29

NTED NAME OF SIGNING OFFICER OR DIRECTOR

-30-06