


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # S62145
 1. Entity Name
POOL DOCTOR SERVICE & SUPPLIES, INC.



Principal Place of Business Mailing Address
 2104 DEL PRADO BLVD 2104 DEL PRADO BLVD.
 CAPE CORAL, FL 33990 US CAPE CORAL, FL 33990 US

DO NOT WRITE IN THIS SPACE



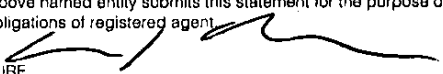
01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3081132	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 FORSTER, MARK E
 2209 SE 32ND TERRACE
 CAPE CORAL, FL 33904

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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 1/8/07
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

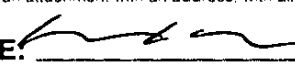
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPS FORSTER, MARK E 2209 SE 32ND TERRACE CAPE CORAL, FL 33904
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 01/10/07-80086-006 158.75

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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:  DATE 1/8/07 (239) 574-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Mark E. Forster