

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 460697 1. Entity Name ST. AUGUSTINE POOLS, INC.					
Principal Place of Business 2660 US 1 S. ST AUGUSTINE FL 32086				Mailing Address 2660 US 1 S. ST AUGUSTINE FL 32086	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1550438				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOBSON, GEOFFREY B., ESQ. 77 BRIDGE STREET ST. AUGUSTINE FL 32084			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	RUFF, GARY		NAME	000000039026	
STREET ADDRESS	355 CYPRESS RD		STREET ADDRESS	02/06/04-80161-015 150.00	
CITY - ST - ZIP	ST AUGUSTINE FL		CITY - ST - ZIP		
TITLE	VS ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	RUFF, LORETTA		NAME		
STREET ADDRESS	355 CYPRESS RD		STREET ADDRESS		
CITY - ST - ZIP	ST AUGUSTINE FL		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Loretta Ruff</i> LORETTA RUFF			Date: 2-2-2004 Daytime Phone: 904-797-7697		