

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 626668

FILED
Feb 26, 2004
Secretary of State

Entity Name: PATIO POOLS, INC.

Current Principal Place of Business:

4118 GUNN HWY
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

4118 GUNN HWY
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-1925246 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FOSTER, CHARLES P.
4118 GUNN HWY
TAMPA, FL 33624

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: FOSTER, JOYCE CAROL,
Address: 14834 LAKE MAGDALENE CIR
City-St-Zip: TAMPA, FL

Title: TVD () Delete
Name: FOSTER, JOYCE CAROL,
Address: 14834 LAKE MAGDALENE CIR
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: CLARK, MILDRED,
Address: 14832 LAKE MAGDALENE CIR
City-St-Zip: TAMPA, FL

Title: PD () Delete
Name: FOSTER, CHARLES P,
Address: 14834 LAKE MAGDALENE CIR
City-St-Zip: TAMPA, FL

Title: V () Delete
Name: SCHARDER, GINA L
Address: 1828 W. BEARSS AVE.
City-St-Zip: TAMPA, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SCHARDER, GINA L
Address: 1828 W. BEARSS AVE.
City-St-Zip: TAMPA, FL

Title: VD () Change (X) Addition
Name: FOSTER, ROBERT F
Address: 14109 LAKE MAGDALENE BLVD.
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINA L. SCHRADER

VD

02/26/2004

Electronic Signature of Signing Officer or Director

_____ Date