

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2004 8:00 am**  
**Secretary of State**

09-14-2004 90001 011 \*\*\*150.00

**DOCUMENT # P02000132471**

1. Entity Name  
**CAPITAL POOLS & SPAS INC**



Principal Place of Business  
**21648 BIRCH STATE PARKWAY  
BOCA RATON, FL 33428**

Mailing Address  
**21648 BIRCH STATE PARKWAY  
BOCA RATON, FL 33428**

**04074830**

2. Principal Place of Business  
**5002 W Linebaugh Ave**

3. Mailing Address  
**5002 W Linebaugh Ave**

Suite, Apt. #, etc.  
**F**

Suite, Apt. #, etc.  
**F**

09082004 Chg-P CR2E034 (10/03)

City & State  
**TAMPA FL**

City & State  
**TAMPA FL**

4. FEI Number  
**16-1646076**

Applied For  
Not Applicable

Zip Country  
**33624 America**

Zip Country  
**33624 America**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDY, WILLIAM J  
21648 BIRCH STATE PARKWAY  
BOCA RATON, FL 33428**

Name **Robert R. Stauffer**  
Street Address (P.O. Box Number is Not Acceptable)  
**5002 W Linebaugh Ave, St. F**  
City **TAMPA** FL Zip Code **33624**

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 **Robert R. Stauffer ROBERT R. STAUFFER**

**9/8/2004**

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete  
NAME **SANDY, WILLIAM J**  
STREET ADDRESS **21648 BIRCH STATE PARKWAY**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **S** ☐ Delete  
NAME **SANDY, KAY C**  
STREET ADDRESS **21648 BIRCH STATE PARK WAY**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
NAME **Robert R. Stauffer**  
STREET ADDRESS **5002 W. Linebaugh Ave., St. F**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **Secretary** ☒ Change ☐ Addition  
NAME **Christopher Rodgers**  
STREET ADDRESS **5002 W Linebaugh Ave., St F**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **Robert R. Stauffer ROBERT R. STAUFFER**

**9/8/04 (813) 264-7665**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #