

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/1/05 90039 045 X 150.00
APPROVED
AND
FILED

05 MAY -5 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000029954																											
1. Entity Name L. B. POOLS, INC.																											
Principal Place of Business 223 N.E. 25 COURT POMPANO BEACH FL 33064		Mailing Address 223 N.E. 25 COURT POMPANO BEACH FL 33064																									
2. Principal Place of Business 229 N.E. 25 COURT Suite, Apt. #, etc.		3. Mailing Address 229 N.E. 25 COURT Suite, Apt. #, etc.																									
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL																									
Zip 33064 Country BROWARD		Zip 33064 Country BROWARD																									
4. FEI Number 20-0795839		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BULLARD, LORENZA 229 N.E. 25 COURT POMPANO BEACH FL 33065		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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: <u>Lorenza Bullard</u>		Date: <u>1/25/05</u> (954) 781-0653																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date																									