


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P99000093063 1. Entity Name LIGHTHOUSE POOL AND SPAS, INC.	
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Principal Place of Business 5799 LONEWOOD CT. JUPITER, FL 33458	Mailing Address 5799 LONEWOOD CT. JUPITER, FL 33458
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05032004 No Chg-P CR2E034 (10/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0956785	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAP, JEFFREY
341 W. INDIANTOWN RD
JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

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 reappointing) DATE _____

FILE NOW! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing True; 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 NAME STREET ADDRESS CITY-ST-ZIP	P BUEL, JUDY 5799 LONEWOOD COURT JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROEDEL, SEAN T 5799 LONEWOOD COURT JUPITER, FL 33458
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05/06/04-80029-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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: *Judy Buel* **5/6/04**

SIGNATURE AND TITLE OR PRINTED NAME OF ABOVE OFFICER OR DIRECTOR DATE OTHER PHONE #