2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # M66323

1. Entity Name
PLEASURE TIME POOLS, INC.

Principal Place of Business	Mailing Address
9750 CENTERVILLE RD TALLAHASSEE, FL 32309	9750 CENTERVILLE RD TALLAHASSEE, FL 32309

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01282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2875727

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOBBINS, DANIEL W.
101 NORTH GADSDEN STREET
TALLAHASSEE, FL 32301

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEVEER, JOSEPH B.L., JR.
STREET ADDRESS	1750 CENTERVILLE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	DVS
NAME	SHUMAN, MICHAEL JEFFREY
STREET ADDRESS	903 BUENA VISTA DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	T
NAME	SHUMAN, MICHAEL JEFFREY
STREET ADDRESS	903 BUENA VISTA DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joe DeVeer Joe DeVeer 2-11-04 894-42-41
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #