

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90005 019 ***150.00

DOCUMENT # 420338

1. Entity Name

ARTISTIC POOLS OF FLA INC



Principal Place of Business

2841 ROOSEVELT BLVD.
CLEARWATER FL 33760
US

Mailing Address

2841 ROOSEVELT BLVD.
CLEARWATER FL 33760
US

54004282



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1469464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRANESE, ANTHONY P
1014 DREW ST
CLEARWATER FL 34615

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

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete
NAME SKIFSTAD, CHARLOTTE D.
STREET ADDRESS 3010 BROOKFIELD LANE
CITY-ST-ZIP CLEARWATER FL

TITLE PD ☐ Delete
NAME DRUMMOND, MICHAEL
STREET ADDRESS 1806 OAKMONT COURT
CITY-ST-ZIP SAFETY HARBOR FL

TITLE STD ☐ Delete
NAME GOMEZ, JAMES
STREET ADDRESS 2632 ENTERPRISE RD E A24
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ Delete
NAME GOMEZ, BARBARA J.
STREET ADDRESS 2632 ENTERPRISE RD E., A24
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ Delete
NAME DRUMMOND, DONNA R.
STREET ADDRESS 1806 OAKMONT COURT
CITY-ST-ZIP SAFETY HARBOR FL

TITLE VD ☐ Delete
NAME ~~SKIFSTAD, CHARLOTTE D.~~
STREET ADDRESS ~~3010 BROOKFIELD LANE~~
CITY-ST-ZIP ~~CLEARWATER, FL 33756~~

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME SKIFSTAD, CHARLOTTE D.
STREET ADDRESS 3010 BROOKFIELD LANE
CITY-ST-ZIP CLEARWATER, FL

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

TITLE VD ☐ Change ☒ Addition
NAME SKIFSTAD, JAMES S.
STREET ADDRESS 700 S. KEELE RD
CITY-ST-ZIP CLEARWATER, FL 33756

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:

James S. Skifstad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/3/04

Daytime Phone #

727-536-5051