

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 484682

1. Entity Name

MERMAID POOLS, INC.



Principal Place of Business

10500 SPRING HILL DR
SPRING HILL FL 34608
US

Mailing Address

10500 SPRING HILL DR
SPRING HILL FL 34608
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3593541

Applied For

Not Applicable

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

LAVAY, ROBERT
2525 CARPENTER
PORT SAINT LUCIE FL 34984

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAVAY ROBERT	
STREET ADDRESS	2525 CARPENTER	
CITY- ST- ZIP	PORT SAINT LUCIE FL 34984	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LAVAY, HEATHER	
STREET ADDRESS	6112 RALEIGH ST #1505	
CITY- ST- ZIP	ORLANDO FL 32835	
TITLE	SD	<input type="checkbox"/> Delete
NAME	UNDERWOOD, PATRICIA	
STREET ADDRESS	1032 S MILDRED AVE	
CITY- ST- ZIP	BROOKSVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTIN, DENNIS	
STREET ADDRESS	5579 FILLAR AVE	
CITY- ST- ZIP	SPRING HILL FL 34608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS		
CITY- ST- ZIP		

1100000311097
04/18/05-80030-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Dennis Martin* DENNIS MARTIN TREASURER

04/07/2005

(352) 883-0195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #