

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 658105

1. Entity Name
POOL PATIO +, INC.



Principal Place of Business
**8100 PARK BLVD.
STE #39
PINELLAS PARK, FL 33781 US**

Mailing Address
**8100 PARK BLVD.
STE #39
PINELLAS PARK, FL 33781 US**



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1979990

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DRUMM, VALARIE
8100 PARK BLVD #39
PINELLAS PARK, FL 33781**

**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

Valerie Drumm
Signature of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

T
NAME
DRUMM, VALERIE A
STREET ADDRESS
1666 LADY MARY DRIVE
CITY - ST - ZIP
CLEARWATER, FL 33756

P
NAME
DRUMM, JASON
STREET ADDRESS
1666 LADY MARY DRIVE
CITY - ST - ZIP
CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/14/05-80041-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/05 (707) 391-3101