## 2004 FOR PROFIT CORPORATION... ANNUAL REPORT (AR)

## Feb 11, 2004 8:00 am Secretary of State **DOCUMENT # 673355** 01-29-2004 90026 011 \*\*\*150.00 1. Entity Name PRO POOLS, INC. Mailing Address Principal Place of Business 1752 OLD BAINBRIDGE ROAD 1752 OLD BAINBRIDGE ROAD TALLAHASSEE FL 32303-5345 TALLAHASSEE FL 32303-5345 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 59-2038637 Not Applicable \$8.75 Additional Country Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILBUR A SELLARS Street Address (P.O. Box Number is Not Acceptable) --1752 OLD BAINBRIDGE RD. TALLAHASSEE FL 32303 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change Addition nn e Delete TITLE NAME SELLARS, WILBUR A NAME 1752 OLD BAINBRIDGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL FL 32303 PD ☐ Delete TITLE ☐ Change ☐ Addition TITHE NALIF SELLARS, WILLIAM A NAME 1752 OLD BAINBRIDGE RD STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL FL 32303 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition MILE ☐ Delete NAME NAME RIMES, JAMES A STREET ADDRESS STREET ADDRESS 1752 OLD BAINBRIDGE ROAD CITY-ST-ZIP TALLAHASSEE FL 32303-5345 CITY-ST-ZIP ☐ Addition TITLE XX Delete TITLE KRAMM, TRENT R NAME NAME 1752 OLD BAINBRIDGE ROAD STREET ADDRESS STREET ADDRESS

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 emergered 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 ad

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

☐ Delete

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-ZIP

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TALLAHASSEE FL 32303-5345

1752 OLD BAINBRIDGE ROAD

TALLAHASSEE FL 32303-5345

MCCULLARS, DAVID G

<del>- President</del>

<del>January, 21, 2004</del>

☐ Change

Change.

☐ Addition

Addition

FILED



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

February 2, 2004

PRO POOLS, INC. 1752 OLD BAINBRIDGE ROAD TALLAHASSEE, FL 32303-5345

Subject: PRO POOLS, INC.

Reference Number: (

673355

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/AS
ANNUAL REPORTS SECTION

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