

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000005399

1. Entity Name
HAYWARD POOL PRODUCTS, INC.



Principal Place of Business

**620 DIVISION STREET
ELIZABETH, NJ 07201**

Mailing Address

**620 DIVISION STREET
ELIZABETH, NJ 07201**

DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number

22-2337331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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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:

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DAVIS, ROBERT
STREET ADDRESS 620 DIVISION STREET
CITY-ST-ZIP ELIZABETH, NJ 07201

TITLE V
NAME DIAMOND, ANDREW
STREET ADDRESS 620 DIVISION STREET
CITY-ST-ZIP ELIZABETH, NJ 07201

TITLE S
NAME GLENN, JAMES L
STREET ADDRESS 620 DIVISION STREET
CITY-ST-ZIP ELIZABETH, NJ 07201

TITLE T
NAME RICCIARDO, GERALD J
STREET ADDRESS 620 DIVISION STREET
CITY-ST-ZIP ELIZABETH, NJ 07201

TITLE CD
NAME DAVIS, OCSAR
STREET ADDRESS 620 DIVISION STREET
CITY-ST-ZIP ELIZABETH, NJ 07201

TITLE D
NAME LARACY, WARD C
STREET ADDRESS 620 DIVISION STREET
CITY-ST-ZIP ELIZABETH, NJ 07201

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05

Date

908-351-5400 x4302

Daytime Phone #