

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F47103

1. Entity Name
NOFINER POOLS OF SEMINOLE COUNTY, INC.



Principal Place of Business

**C/O DANIEL C. SHEA
102 CAMPHOR TREE LANE
ALTAMONTE SPRINGS, FL 32714**

Mailing Address

**C/O DANIEL C. SHEA
102 CAMPHOR TREE LANE
ALTAMONTE SPRINGS, FL 32714**

FILED
Mar 31, 2004 08:00 AM
Secretary of State



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2191324

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHEA, DANIEL C.
102 CAMPHOR TREE LANE
ALTAMONTE SPRINGS, FL 32714**

**DO NOT WRITE
IN THIS SPACE**

6. 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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000099345
03/31/04-80002-004 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SHEA, DAVID D
191 POINCIANA LANE
ENTERPRISE, FL 327389380**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SHEA, ELIZABETH
102 CAMPHORTREE LANE
ALTAMONTE SPRINGS, FL 32714**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SHEA, DANIEL C
102 CAMPHOR TREE LA
ALTAMONTE SPRINGS, FL 32714**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL C. SHEA

04-01-04

Date

407-862-6526

Daytime Phone #