


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F89305</b> 1. Entity Name RAY LENNON POOL SERVICE, INC.	
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Principal Place of Business 1721 COSTA DEL SOL P.O. BOX 1652 BOCA RATON, FL 33429-1652	Mailing Address 1012 SW 3 ST. BOCA RATON, FL 33486 US
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01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2199870	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

LENNON, RAY  
1012 SW 3RD STREET  
BOCA RATON, FL 33432

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LENNON, RAY 1012 SW 3RD ST BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LENNON, CAROLE 1012 SW 3RD ST. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LENNON, MICHAEL 800 SW 3 ST BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LENNON, JOSEPH 3543 NE BOCA RATON ROAD BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000005600  
01/15/04-80060-006 158.75

**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:**

*Ray Lennon*  
RAY LENNON

1/12/04

Date

Daytime Phone #