

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90018 005 \*\*\*158.75

**DOCUMENT # F89305**

1. Entity Name  
RAY LENNON POOL SERVICE, INC.



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

40009896



2. Principal Place of Business

2199 NW 2 AVE  
Suite, Apt. #, etc.  
# 215

3. Mailing Address

Same as above  
Suite, Apt. #, etc.

01052005 Chg-P CR2E034 (10/03)

City & State

Boca Raton, FL

City & State

4. FEI Number

59-2199870

Applied For

Not Applicable

Zip

33431

Country

PB

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Carole Lennon  
Street Address (P.O. Box Number is Not Acceptable)  
1012 SW 3 Street  
City Boca Raton FL 33486

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

1/26/05

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LENNON, RAY	
STREET ADDRESS	1012 SW 3RD ST	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LENNON, CAROLE	
STREET ADDRESS	1012 SW 3RD ST.	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LENNON, MICHAEL	
STREET ADDRESS	800 SW 3 ST	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	T	<input type="checkbox"/> Delete
NAME	LENNON, JOSEPH	
STREET ADDRESS	3543 NE BOCA RATON ROAD	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD + sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carole Lennon	
STREET ADDRESS	1012 SW 3 ST	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Lennon	
STREET ADDRESS	1012 SW 3 ST	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Lennon	
STREET ADDRESS	3543 NE Boca Raton Rd	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Carole Lennon Carole Lennon

1/10/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #