


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000002990</b> 1. Entity Name <b>LESLIE'S POOLMART, INC.</b>	
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Principal Place of Business <b>3925 E BROADWAY ROAD # 100 PHOENIX, AZ 85040-2925</b>	Mailing Address <b>3925 E BROADWAY ROAD # 100 PHOENIX, AZ 85040-2925</b>
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03222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>95-4620298</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_  
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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FOURTICQ, MIKE
STREET ADDRESS	3925 E BROADWAY ROAD, 100
CITY-ST-ZIP	PHOENIX, AZ 850402925
TITLE	CCEI
NAME	HAYWARD, LAWRENCE
STREET ADDRESS	3925 E BROADWAY ROAD, 100
CITY-ST-ZIP	PHOENIX, AZ 850402925
TITLE	EVCF
NAME	ANDERSON, DONALD
STREET ADDRESS	3925 E BROADWAY ROAD, 100
CITY-ST-ZIP	PHOENIX, AZ 850402925
TITLE	SVP
NAME	HATCH, MICHAEL L
STREET ADDRESS	3925 E BROADWAY ROAD, 100
CITY-ST-ZIP	PHOENIX, AZ 850402925
TITLE	SVP
NAME	SCHUTZ, MARV
STREET ADDRESS	3925 E BROADWAY ROAD, 100
CITY-ST-ZIP	PHOENIX, AZ 850402925
TITLE	D
NAME	BAUMER, JOHN M
STREET ADDRESS	3925 E BROADWAY ROAD, 100
CITY-ST-ZIP	PHOENIX, AZ 850402925

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03/29/04-80049-005 158.75

**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:** Donald J. Anderson Donald J. Anderson 602-366-3999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #