

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90703 005 ***150.00

DOCUMENT # G70478

1. Entity Name

AQUARIUS POOL SERVICE, INC.



Principal Place of Business

C/O AQUARIUS POOL SERVICE
1407 SPARKMAN RD
PLANT CITY FL 33567
US

Mailing Address

C/O AQUARIUS POOL SERVICE
1407 SPARKMAN RD
PLANT CITY FL 33567
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number 59-2485130

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FULLER, KARON R.
1407 SPARKMAN ROAD
SUITE 105
PLANT CITY FL 33567

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GREEN, GEORGE B. ☐ Delete
STREET ADDRESS 4306 W CAYUGA ST
CITY-ST-ZIP TAMPA FL

TITLE SD
NAME FULLER, KARON R. ☐ Delete
STREET ADDRESS 1407 SPARKMAN ROAD
CITY-ST-ZIP PLANT CITY FL

TITLE T
NAME FULLER, MICHAEL JAY ☐ Delete
STREET ADDRESS 1407 SPARKMAN ROAD
CITY-ST-ZIP PLANT CITY FL

TITLE VP
NAME FULLER, MICHAEL J. JR. ☐ Delete
STREET ADDRESS 1407 SPARKMAN ROAD
CITY-ST-ZIP PLANT CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.D. ☒ Change ☐ Addition
NAME Fuller, Michael Jay
STREET ADDRESS 1407 Sparkman Rd.
CITY-ST-ZIP Plant City, FL 33566

TITLE (Fuller, Karon R.) ☐ Change ☐ Addition
NAME Same
STREET ADDRESS
CITY-ST-ZIP

TITLE T. ☒ Change ☐ Addition
NAME Green, George B.
STREET ADDRESS 4306 W. Cayuga St.
CITY-ST-ZIP Tampa, FL

TITLE (Fuller, Michael J. Jr.) ☐ Change ☐ Addition
NAME Same
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Karon R. Fuller (Karon R. Fuller)

4/28/04

813-752-0774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #