2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

changed, or on an attachment with an address, with all other like emp

SIGNATURE:

## Apr 28, 2004 8:00 am Secretary of State DOCUMENT # H06113 1. Entity Name 04-28-2004 90179 005 \*\*\*150 00 OSBORNE'S POOL SERVICE & SUPPLY, INC. Mailing Address Principal Place of Business 11455 S ORANGE BLOSSOM TR ORLANDO FL 32837 11455 S ORANGE BLOSSOM TR ORLANDO FL 32837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2407669 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 200 % Osborge OSBORNE, RUSSELL HOWARD Street Address (P.O. Box Number is Not Acceptable) 17240 Kirby Smith Rd. 12240 KIRBY SMITH RD. ORLANDO FL 32812 CityOrlando 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 regiets SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. TITLE Delete TITLE Addition Donald Adam Osborne NAME OSBORNE, RUSSELL HOWARD NAME 2939 Canoe Cr. 12240 KIRBY SMITH RD. STREET ADDRESS STREET ADDRESS ORLANDO FL St. Cloud, FL 34722 CITY-ST-ZIP CITY-ST-ZIP \_\_\_\_ Delete ☐ Change Addition TITLE TITLE NAME NAME Russell H. Osborne Jr. STREET ADDRESS STREET ADDRESS 12240 Kirby SMith CITY-ST-ZIP CITY-ST-ZIP <u>Orlando, Fi</u> ☐ Delete Secretari ☐ Change Addition Heriberto-Marrero-2948 Oak Tree Dr. NAME NAME\* STREET ADDRESS STREET ADDRESS Kissimmer, FL 34744 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition Jeffrey Scott Eubanks 997 N. Lake Clarie Cr. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 eath; 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

FILED