

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90012 011 ***158.75

DOCUMENT # J09063

1. Entity Name
THE POOL PEOPLE, INC.



Principal Place of Business
**2150 SW 10TH STREET
DEERFIELD BEACH, FL 33442 US**

Mailing Address
**2150 SW 10TH STREET
DEERFIELD BEACH, FL 33442 US**

44007282

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2666239

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**MEAD, EDWARD C
2150 SW 10TH STREET
DEERFIELD BEACH, FL 33442**

7. Name and Address of New Registered Agent

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **DOCTEROFF, MARSHALL**
STREET ADDRESS **854 NW 41 CT**
CITY-ST-ZIP **POMPAHO BEACH, FL**

TITLE **CEOD** ☐ Delete
NAME **MEAD, EDWARD**
STREET ADDRESS **1115 SE 14 AVE**
CITY-ST-ZIP **DEERFIELD BCH, FL**

TITLE **PSD** ☐ Delete
NAME **LOWE, DANIEL M**
STREET ADDRESS **.9675 COLOCASIA WAY**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **VTD** ☐ Delete
NAME **BARRETT, WALTER B**
STREET ADDRESS **10143 NW 13TH COURT**
CITY-ST-ZIP **PLANTATION, FL 33322**

TITLE **D** ☒ Delete
NAME **DOCTEROFF, NORMAN**
STREET ADDRESS **12 SPIELMAN ROAD**
CITY-ST-ZIP **FAIRFIELD, NJ 07004**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2150 SW 10th. Street**
CITY-ST-ZIP **Deerfield Beach, FL. 33442**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2150 SW 10th. Street**
CITY-ST-ZIP **Deerfield, FL. 33442**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2150 SW 10th. Street**
CITY-ST-ZIP **Deerfield Beach, FL. 33442**

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

TITLE ☐ Change ☒ Addition
NAME **VPD**
STREET ADDRESS **Lowe, David W**
CITY-ST-ZIP **2150 SW 10th. Street**
Deerfield Beach, FL. 33442

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/04 954/428-3380