

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90013 011 ***150.00

DOCUMENT # J49026

1. Entity Name
BETTER POOLS AND DECKS INC.



Principal Place of Business
**% MOSHE KAPON
P.O. BOX 25664
TAMARAC, FL 33320-5664**

Mailing Address
**% MOSHE KAPON
P.O. BOX 25664
TAMARAC, FL 33320-5664**

40006934



2. Principal Place of Business
P.O. Box 8491
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 8491
Suite, Apt. #, etc.

01202005 Chg-P CR2E034 (10/03)

City & State
Coral Springs, FL
Zip
33075-8491 Country
USA

City & State
Coral Springs, FL
Zip
33075-8491 Country
USA

4. FEI Number
59-2740667 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**KAPON, MOSHE
2790 NW 91 AVE
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent
Name
Moshe Kapon
Street Address (P.O. Box Number is Not Acceptable)
10320 N.W. 52ND Street
City
Coral Springs FL Zip Code
33076

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 **MOSHE KAPON** DATE **1/20/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KAPON, MICHELLE
10320 NORHT WEST 52 STREET
POMPANO BEACH, FL 33076** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KAPON, MOSHE
2790 NW 91ST AVE
CORAL SPRINGS, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**10320 N.W. 52ND Street
Coral Springs, FL 33076** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**10320 N.W. 52ND Street
Coral Springs, FL 33076** ☒ Change ☐ Addition

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

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

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

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

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: **MOSHE KAPON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05 **954-755-0038**
Date Daytime Phone #