


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90290 040 ***150.00

DOCUMENT # K41390 1. Entity Name SUNDANCE POOL SERVICE, INC.					
Principal Place of Business 1070 MICHIGAN AVE NAPLES, FL 34103 US			Mailing Address 1070 MICHIGAN AVE NAPLES, FL 34103 US		
2. Principal Place of Business <i>259 FLAMINGO AVE</i> Suite, Apt. #, etc.		3. Mailing Address <i>259 FLAMINGO AVE</i> Suite, Apt. #, etc.			
City & State <i>NAPLES FL</i>		City & State <i>NAPLES FL</i>		4. FEI Number 65-0084364	
Zip <i>34108</i>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORHECZ, DAVID 1070 MICHIGAN AVE NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>259 FLAMINGO AVE</i> City <i>NAPLES</i> FL Zip Code <i>34108</i>		
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORHECZ, DAVID 1070 MICHIGAN AVE NAPLES, FL 34103		<input type="checkbox"/> Delete		
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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: <i>X David Forhecz</i> <i>X 4/26/04 (239) 597-9426</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					