FILED
Jul 12, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K57624

1. Entity Name
IHNEN POOLS, INC.

U00000165404
07/12/04-80012-011 150.00

Principal Place of Business	Mailing Address
4901 US 1 UNIT L VERO BEACH, FL 32967 US	4901 US 1 UNIT L VERO BEACH, FL 32967 US

07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2934687
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

IHNEN, EDWARD
9330 85TH STREET
VERO BEACH, FL 32967

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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: Edward W Ihnen Edward W. Ihnen 7-1-04
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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	IHNEN, EDWARD
STREET ADDRESS	9330 85TH STREET
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	VP
NAME	IHNEN, GARY
STREET ADDRESS	172 CAPRONA AVE.
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	DT
NAME	IHNEN, BRIAN
STREET ADDRESS	502 CITRUS AVE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 of the like empowered.

SIGNATURE: Edward W Ihnen Edward W. Ihnen 7-1-04 (772)569-2228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #