

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90062 021 ***158.75

DOCUMENT # K75905

1. Entity Name

CENTRAL FLORIDA POOLS AND SPAS, INC.



Principal Place of Business

%MARGARET SAMP
13723 E LINDEN DR
SPRING HILL FL 34609

Mailing Address

%MARGARET SAMP
13723 E LINDEN DR
SPRING HILL FL 34609

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2937438

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAMP, MARGARET
5308 FLORENTINE CT.
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

Name **DAVID J. SAMP**
Street Address (P.O. Box Number is Not Acceptable)
5308 FLORENTINE CT.
SPRING HILL, FL. 34608
City **SPRING HILL** FL Zip Code **34608**

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

David J. Samp

Signature, typed or printed name of registered agent and 106 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PSTD ☒ Delete
NAME SAMP, MARGARET
STREET ADDRESS 5308 FLORENTINE CT.
CITY-ST-ZIP SPRING HILL FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME P DAVID J. SAMP
STREET ADDRESS 5308 FLORENTINE CT.
CITY-ST-ZIP SPRING HILL, FL. 34608

TITLE ☐ Change ☐ Addition
NAME TS LINDA A. FINNAN
STREET ADDRESS 3032 FAIRVIEW RD.
CITY-ST-ZIP SPRING HILL, FL. 34609

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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 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:

David J. Samp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

352-686-6063
352-684-7775

Daytime Phone #