## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

changed, or on an attachm

SIGNATURE:

## May 13, 2004 8:00 am Secretary of State **DOCUMENT # L19340** 05-13-2004 90008 013 \*\*\*150.00 1. Entity Name RALPH'S POOL SERVICE, INC. Principal Place of Business Mailing Address 519 ERIE AVE. 519 ERIE AVE. TAMPA, FL 33606 TAMPA, FL 33606 03022003 CR2E034 (10/03). 4. FEI Number Applied For: 65-0194291 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent GAUTHIER, RALPH P 519 ERIE AVE. TAMPA, FL 33606 th, in the State of Florida. I am fam 8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent. (NOTE: Registered Agent signs \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE ☐ Addition TITLE ☐ Delete GAUTHIER, RALPH PAUL NAME NAME STREET ADDRESS 519 ERIER AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZEP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-73P Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 propowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED** 





## 2004 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number

L19340

Business Entity Name RALPH'S POOL SERVICE, INC.

Original File Date

09/29/1989

FEI Number

65-0194291

Principal Address 519 ERIE AVE.

**TAMPA, FL 33606** 

Mailing Address

519 ERIE AVE.

**TAMPA**, FL 33606

Registered Agent RALPH P GAUTHIER

519 ERIE AVE.

TAMPA, FL 33606 US

Officer/Director Name And Address

GAUTHIER, RALPH PAUL 519 ERIER AVE. TAMPA, FL

After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not recieve prior notice. Please check this box if notice was not recieved.

If all of the above information is correct If you need to make changes to and you do not wish to make any

changes, please select:

the above information, please

select:

No Changes

Make Changes