

**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90409 010 ***150.00

DOCUMENT # L76897

1. Entity Name

ISLAND POOL CONSTRUCTION, INC.



Principal Place of Business

3935 N US #1
#D
COCOA FL 32926
US

Mailing Address

3935 N. US #1
#D
COCOA FL 32926
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3021151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCRBERTS, DONNA A.
3935 N US 1
SUITE D
COCOA FL 32926

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

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	PD	<input type="checkbox"/> Delete
NAME	MCRBERTS, RANDALL A.	
STREET ADDRESS	5360 FISHTAIL PALM AVE.	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCRBERTS, DONNA A.	
STREET ADDRESS	5360 FISHTAIL PALM AVE.	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCRBERTS, GUY	
STREET ADDRESS	4110 LUCIANO AVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUTCHINSON, LARRY	
STREET ADDRESS	467 CAMEL CIR	
CITY-ST-ZIP	COCOA FL 32927	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donna A. McRoberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-04 (321) 632-8186
Date Daytime Phone #