

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90272 019 ***150.00

DOCUMENT # L94677

1. Entity Name
AQUA TECH POOL CARE, INC.



Principal Place of Business
**1752 LAKEVIEW RD
CLEARWATER, FL 34616**

Mailing Address
**1752 LAKEVIEW RD
CLEARWATER, FL 34616**

DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3026880

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**O'CONNOR, ANTHONY N.
1752 LAKEVIEW RD
CLEARWATER, FL 34616**

**DO NOT WRITE
IN THIS SPACE**

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 Agents signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'CONNOR, ANTHONY N.
STREET ADDRESS	1752 LAKEVIEW RD
CITY-ST-ZIP	CLEARWATER, FL
TITLE	D
NAME	O'CONNOR, JACQUELYN Delete
STREET ADDRESS	1752 LAKEVIEW RD
CITY-ST-ZIP	CLEARWATER, FL
TITLE	D
NAME	Georgia Marshall
STREET ADDRESS	346 San Jose Dr
CITY-ST-ZIP	Dunedin, FL Add
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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/04 (727) 709-1435