

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90296 033 \*\*\*150.00

**DOCUMENT # M19663**

1. Entity Name

**PATIO AND POOL SCREENING SERVICES, CORP.**



Principal Place of Business

26200 MORTON AVE.  
2230 N.W. 38 ST.  
BONITA SPRINGS FL 34135  
US

Mailing Address

26200 MORTON AVE.  
2230 N.W. 38 ST.  
BONITA SPRINGS FL 34315  
US

**29067410**



MOORE CR2E034 (11/03)

2. Principal Place of Business

**27205 JACKS BRANCH RD SW**

Suite, Apt. #, etc.

3. Mailing Address

**27205 JACKS BRANCH ROAD SW**

Suite, Apt. #, etc.

City & State

**LA BELLE FL 33935**

Zip

Country

City & State

**LA BELLE FL 33935**

Zip

Country

4. FEI Number

**59-2578890**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MAESTRE, JOSE, I  
26200 MORTON AVE.  
BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name

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

**27205 JACKS BRANCH ROAD SW**

**LA BELLE FL 33935**

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 **DS** ☐ Delete  
NAME **MAESTRE, JOSE, I**  
STREET ADDRESS **26200 MORTON AVE.**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **D** ☐ Delete  
NAME **MAESTRE, ELSY**  
STREET ADDRESS **26200 MORTON AVE.**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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  
STREET ADDRESS **27205 JACKS BRANCH ROAD SW**  
CITY-ST-ZIP **LA BELLE FL 33935**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **27205 JACKS BRANCH ROAD SW**  
CITY-ST-ZIP **LA BELLE FL 33935**

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

TITLE ☐ Change ☐ Addition  
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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:**

*Jose I Maestre*  
**JOSE I MAESTRE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-19-04**

Date

Daytime Phone #