

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90060 005 ***150.00

DOCUMENT # M74570

1. Entity Name
D & B POOL SERVICE, INC.



Principal Place of Business

16261 OLD US 41
FORT MYERS, FL 33912 US

Mailing Address

16261 OLD US 41
FORT MYERS, FL 33912 US

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0066824

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POWELL, WILLIAM M ESQ
3515 DEL PRADO BLVD
SUITE 101
CAPE CORAL, FL 33904

**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 Agent 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 P
NAME BARNES, ALAN M
STREET ADDRESS 14200 HICKORY MARSH LN #111
CITY - ST - ZIP FORT MYERS, FL 33912

TITLE VST
NAME BARNES, VICKY
STREET ADDRESS 14200 HICKORY MARSH LN #111
CITY - ST - ZIP FORT MYERS, FL 33912

TITLE V
NAME SENESE, TONYA
STREET ADDRESS 16261 OLD US 41
CITY - ST - ZIP FORT MYERS, FL 33912

TITLE V
NAME BARNES, K.S.
STREET ADDRESS 16261 OLD US 41
CITY - ST - ZIP FORT MYERS, FL 33912

TITLE V
NAME BARNES, KATHERINE
STREET ADDRESS 16261 OLD US 41
CITY - ST - ZIP FORT MYERS, FL 33912

TITLE VP
NAME SENESE, ALBERT
STREET ADDRESS 16261 OLD US 41
CITY - ST - ZIP FORT MYERS, FL 33912

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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 #

4/9/04