

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED 4827
Jul-12, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000035389

1. Entity Name
BLUE HAVEN POOLS OF FLORIDA EAST COAST, INC.



Principal Place of Business
7478-A S W 60TH AVE
OCALA, FL 34476

Mailing Address
7478-A S W 60TH AVE
OCALA, FL 34476



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3359270

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COOPER, GARYNICK
7478-A S W 60TH AVE
OCALA, FL 34476

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ZABERER, RONALD A
636 BROADWAY STE. 310
SAN DIEGO, CA 92101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
WATERS, CHRIS
636 BROADWAY STE. 310
SAN DIEGO, CA 92101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000165359
07/12/04-80010-022 158.75

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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:

Chris Waters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(619) 233-3522
Daytime Phone #