

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90362 026 \*\*\*158.75

**DOCUMENT # P00000053257**

1. Entity Name

THUNDERBAY POOL AND SPA, INC.



Principal Place of Business

406 ORANGE STREET  
PALM HARBOR FL 34683

Mailing Address

406 ORANGE STREET  
PALM HARBOR FL 34683

2. Principal Place of Business

63 Patricia Ave.

Suite, Apt. #, etc.

3. Mailing Address

63 Patricia Ave.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Dunedin, FL

Zip  
34698

Country  
USA

City & State

Dunedin, FL

Zip  
34698

Country  
USA

4. FEI Number

59-3654771

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ATHANASULIS, BILL  
406 ORANGE STREET  
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

Athanasulis, Bill

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

63 Patricia Ave.

City

Dunedin

FL

Zip Code  
34698

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

William P. Athanasulis

Signature, typed or printed name of registered agent and title if applicable.

William P. Athanasulis President 1/31/04

(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 PSTD ☐ Delete  
NAME ATHANASULIS, BILL  
STREET ADDRESS 3936 ORCHARD HILL CIRCLE  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE V ☐ Delete  
NAME ATHANASULIS, MARIA  
STREET ADDRESS 3936 ORCHARD HILL CIRCLE  
CITY-ST-ZIP PALM HARBOR FL 34684

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  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

William P. Athanasulis

William P. Athanasulis President 1/31/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 422 1686