

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90058 018 ***150.00

DOCUMENT # P00000057257

1. Entity Name

SEASIDE POOLS OF NAPLES, INC.



Principal Place of Business

4100 CORPORATE SQ
#114
NAPLES FL 34104

Mailing Address

4100 CORPORATE SQ
#114
NAPLES FL 34104

2. Principal Place of Business

4100 CORPORATE PL.

3. Mailing Address

4100 CORPORATE PL.

Suite, Apt. #, etc.

114

Suite, Apt. #, etc.

114

City & State

NAPLES FL.

City & State

NAPLES FL

Zip

34104

Country

USA

Zip

34104

Country

USA

6. Name and Address of Current Registered Agent

WANDERON, THOMAS
868 106TH AVE NORTH
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

N.A.

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

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 P
NAME MUSTARI, LEONARD R
STREET ADDRESS 2090 RIVER REACH DR., #38
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE VP
NAME MUSTARI, MICHAEL
STREET ADDRESS 2090 RIVER REACH DR
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: x

Leonard Mustari LEONARD MUSTARI

x 2-18-04 x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #