

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P00000068700

1. Entity Name  
PARADISE FIBERGLASS POOLS, INC.



**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
15642 US HWY 19  
HUDSON, FL 34667

Mailing Address  
15642 US HWY 19  
HUDSON, FL 34667



04282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3662084

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SCHRAM, ROBERT J  
14130 DREAM OAK DRIVE  
HUDSON, FL 34669

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 PD  
NAME SCHRAM, ROBERT J  
STREET ADDRESS 14130 DREAM OAK DRIVE  
CITY-ST-ZIP HUDSON, FL 34669

TITLE VSTD  
NAME SCHRAM, KIRK  
STREET ADDRESS 14135 DREAM OAK DRIVE  
CITY-ST-ZIP HUDSON, FL 34669

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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

4-28-08 727-862-9273  
Date Daytime Phone #