

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000079850</b>	
1. Entity Name <b>ROBERT DEAN SCHILLER POOLS INC.</b>	
Principal Place of Business <b>1831 PALM CITY RD, APT C302 STUART, FL 34990</b>	Mailing Address <b>1831 PALM CITY RD, APT C302 STUART, FL 34990</b>



**DO NOT WRITE IN THIS SPACE**

07062005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1076372</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**SCHILLER, ROBERT D  
1831 PALM CITY RD, APT C302  
STUART, FL 34990**

**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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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	D SCHILLER, ROBERT D 1831 PALM CITY RD, APT C302 STUART, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHILLER, KIM E 1831 PALM CITY RD, APT C302 STUART, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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1100000374234  
07/25/05-80001-006 150.00

**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: X [Signature] 7/19/05 772-281-0768  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #