FILED
Apr 29, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000083884

1. Entity Name
CONTINENTAL POOLS AND SPAS, INC.

Principal Place of Business	Mailing Address
8928 TAFT STREET PEMBROKE PINES, FL 33024	8928 TAFT STREET PEMBROKE PINES, FL 33024

DO NOT WRITE IN THIS SPACE

01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1038324
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REIMER, DAVID H
3601 HOLLYWOOD BLVD STE 350
HOLLYWOOD, FL 33021

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

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	P
NAME	BONNER, GARTH
STREET ADDRESS	8928 TAFT ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	VP
NAME	BONNER, SHARON
STREET ADDRESS	8928 TAFT ST.
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
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	

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04/29/04-80058-016 150.00

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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: Garth Bonner 4/26/04 (954) 430-1175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #