

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90171 020 ***150.00

DOCUMENT # P00000104952

1. Entity Name

CITRUS POOL REMODELING, INC.



Principal Place of Business

1233 E NORVELL BRYANT HWY
HERNANDO FL 34442

Mailing Address

1233 E NORVELL BRYANT HWY
HERNANDO FL 34442

2. Principal Place of Business

1245 E NORVELL BRYANT HWY
Suite, Apt. #, etc.

3. Mailing Address

1245 E NORVELL BRYANT HWY
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

HERNANDO, FL

City & State

HERNANDO, FL

4. FEI Number

65-1058965

Applied For

Not Applicable

Zip

34442

Country

USA

Zip

34442

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REBEOR, DOUGLAS
8073 HOMOSASSA TRAIL
HOMOSASSA SPRINGS FL 34446

7. Name and Address of New Registered Agent

Name

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, 2005 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 D ☐ Delete
NAME REBEOR, DOUGLAS
STREET ADDRESS 8073 HOMOSASSA TRAIL
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE PRES ☐ Delete
NAME REBEOR, DOUGLAS W PRES
STREET ADDRESS 8073 HOMOSASSA TRAIL
CITY-ST-ZIP HOMOSASSA SPRINGS FL 34446

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DOUGLAS Rebeor 4-23-05 352-344-4861