

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90390 022 ***150.00

DOCUMENT # P01000029778

1. Entity Name
POOL & SPA PRODUCTS, INC.



Principal Place of Business
31 ORMOND SHORES DRIVE
ORMOND BEACH, FL 32176

Mailing Address
31 ORMOND SHORES DRIVE
ORMOND BEACH, FL 32176

24030129



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3706599

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUCKELS, THEODORE L
31 ORMOND SHORES DRIVE
ORMOND BEACH, FL 32176

**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 _____

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUCKELS, THEODORE L
STREET ADDRESS	31 ORMOND SHORES DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	D
NAME	CRICK, JOHN
STREET ADDRESS	31 ORMOND SHORES DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
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

3-25-04 888 686 1524

Date

Daytime Phone #