2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2004 8:00 am Secretary of State

35

DOCUMENT # P01000047861 1. Entity Name POOL GOD, INC.						04-05-2004 90001 005 ***150.00			
Principal Place of Business Mailing Address 734 34TH AVENUE SOUTH P.O. BOX 2882 ST. PETERSBURG, FL 33705 PINELLAS PARK, FL 33780							5	40257	
2. Principal Place of Business 44099 BELCHER Rd. So. 3. Mailing Address				* (
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				Chg-P	CR2E034 (10/03)		
City & State	/	City & State			4. FEI Numb 59-371		\ }	pplied For ot Applicable	
33771	Country	Zip Coun		try		of Status Desired	\$8.75 Ad	ditional	
	6. Name and Address of Current	Registered Agent			7. Name and	d Address of New R	Registered Agent		
BLESSING, TRACY 734 34TH AVENUE SOUTH ST. PETERSBURG, FL 33705					Street Address (P.O. Box Number is Not Acceptable) 14099 BELCHER CO. SU				
				LOT 1195					
<u> </u>	- total				n60				
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. Nped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinslating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND		11.		*****	/CHANGES TO OFF	ICERS AND DIRECTOR		
NAME STREET ADDRESS CITY-ST-ZIP	BLESSING, TRACY P 734 34TH AVENUE SOUTH STRI			E Et address	77077 7022-11011				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S			1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP					• •		Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				-	☐ Change	Addition	
12. I hereby certify that the information supplied with this filling 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 frue 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: Date Daytime Phone #									