

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 03, 2004 08:00 AM
Secretary of State**

DOCUMENT # P01000050373

1. Entity Name
**QUALITY POOL PLASTERING OF THE TREASURE
COAST, INC.**



Principal Place of Business
**7150 DEVONS ROAD, UNIT 14
RIVIERA BEACH, FL 33404**

Mailing Address
**7150 DEVONS ROAD, UNIT 14
RIVIERA BEACH, FL 33404**



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1107621

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

**SCHROEDER, NORMAN L II
6801 LAKE WORTH ROAD, SUITE 120
LAKE WORTH, FL 33467**

**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 re-registering)

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**

**000000152949
05/04/04-80106-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **PERALES, REYMUNDO**
STREET ADDRESS **7150 DEVONS ROAD, UNIT 14**
CITY-ST-ZIP **RIVIERA BEACH, FL 33404**

TITLE
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CITY-ST-ZIP

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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)(f), 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: Reymundo Peralas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-04 561-845-6806