


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000060489</b> 1. Entity Name DJ'S POOL SERVICE, INC.	
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Principal Place of Business 3235 HOWEY RD SEBRING, FL 33872	Mailing Address 3235 HOWEY RD SEBRING, FL 33872
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01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3723610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

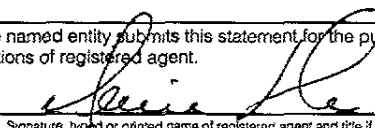
**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  JOHN, DENISE M 3235 HOWEY RD SEBRING, FL 33872
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**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

4/27/04

**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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD JOHN, DENISE M 3235 HOWEY RD SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHN, WILLIAM A 3235 HOWEY RD SEBRING, FL 33872
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04/30/04-80049-025 150.00

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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)(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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04