

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P01000073136**

1. Entity Name  
**TROPICAL POOLS & SPAS OF THE SUNCOAST, INC.**



Principal Place of Business  
3230 S. TAMIAMI TRAIL  
SARASOTA, FL 34239

Mailing Address  
586 LYONS LANE  
LONGBOAT KEY, FL 34228

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90291 030 \*\*\*150.00



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1122832**

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**

KIRK, ROBERT A JR  
586 LYONS LANE ← 630 Emerald Harbor Dr.  
LONGBOAT KEY, FL 34228

**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: Robert A. Kirk Robert A. Kirk April 21, 2003  
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 ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KIRK, ROBERT A JR
STREET ADDRESS	3230 S TAMIAMI TRAIL
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	STD
NAME	KIRK, JAYNE A
STREET ADDRESS	3230 S TAMIAMI TRAIL
CITY-ST-ZIP	SARASOTA, FL 34239
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: Robert A. Kirk Robert A. Kirk April 21, 2004 941-925-4543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #