

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90017 004 \*\*\*150.00

**DOCUMENT # P01000081602**

1. Entity Name  
**CRYSTAL BLUE CUSTOM POOLS AND SPAS, CORP**



Principal Place of Business  
**10219 SE LENNARD ROAD  
PORT SAINT LUCIE, FL 34952**

Mailing Address  
**10219 SE LENNARD ROAD  
PORT SAINT LUCIE, FL 34952**

**44020436**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3741402**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, JEFFREY S  
3741 SW COQUINA COVE WAY, APT 107  
PALM CITY, FL 34990**

Name

Street Address (P.O. Box Number is Not Acceptable)

**10219 SE Lennard Road**

City **Port St Lucie**

**FL**

Zip Code **34952**

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

*Jeffrey S. Miller*

(NOTE: Registered Agent signature required when reinstating)

**3/19/04**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete  
NAME **MILLER, JEFFREY S**  
STREET ADDRESS **3741 SW COQUINA COVE WAY, APT 107**  
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE ☒ Change ☐ Addition  
NAME **10219 SE Lennard Road**  
STREET ADDRESS **Port St. Lucie FL 34952**  
CITY-ST-ZIP

TITLE **VPT** ☐ Delete  
NAME **MILLER, BENITA T**  
STREET ADDRESS **3741 SW COQUINA COVE WAY, APT 107**  
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE ☒ Change ☐ Addition  
NAME **10219 SE Lennard Road**  
STREET ADDRESS **Port St. Lucie FL 34952**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 *Jeffrey S. Miller Pres.* **Jeffrey S. Miller** **3/19/04** **(772) 335-7665**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #