


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000081602</b>	
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
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**DO NOT WRITE IN THIS SPACE**



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number 69-3741402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MILLER, JEFFREY S 10219 SE LENNARD RD. PORT SAINT LUCIE, FL 34952	

**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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MILLER, JEFFREY S 10219 SE LEANNARD RD. PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MILLER, BENITA T 10219 NE LENNARD RD. PORT SAINT LUCIE, FL 34952
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02/17/05-80018-016 150.00

**DO NOT WRITE  
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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)(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.

<b>SIGNATURE:</b> 	Date: 2/7/05	Daytime Phone #: (772) 335-7665
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