

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90091 024 ***150.00

DOCUMENT # P01000083524

1. Entity Name

GULFSTREAM POOL CARE, INC.



Principal Place of Business

5605 S.W. 11TH PL
CAPE CORAL FL 33914

Mailing Address

5605 S.W. 11TH PL
CAPE CORAL FL 33914

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1132475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Bross
BRAOSS, MARTHA J
317 SE 13TH TERRACE
CAPE CORAL FL 33990

5605 SW 11th Pl.
Cape Coral, FL 33914

7. Name and Address of New Registered Agent

Name

Martha J. Bross

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

5605 SW 11th Pl.

City

Cape Coral

FL

Zip Code
33914

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

Martha J. Bross

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-28-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BROSS, MARTHA J	
STREET ADDRESS	317 SE 13TH TERRACE	5605 SW. 11th Pl.
CITY-ST-ZIP	CAPE CORAL FL 33990	33914
TITLE	V	<input type="checkbox"/> Delete
NAME	BROSS, ROBERT	
STREET ADDRESS	317 SE 13TH TERRACE	5605 SW 11th Pl.
CITY-ST-ZIP	CAPE CORAL FL 33990	33914
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bross, Martha J	
STREET ADDRESS	5605 S.W. 11th Pl.	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Same as above	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Martha J. Bross, Pres

Martha J. Bross

1-28-04

239-542-9080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #