


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90054 010 ***150.00

DOCUMENT # P01000083705 1. Entity Name CUSTOM POOL FINISHERS, INC.					
Principal Place of Business 3101 JUNCTION STREET NORTH PORT, FL 34286			Mailing Address 3101 JUNCTION STREET NORTH PORT, FL 34286		
2. Principal Place of Business 1298 MARKET CIRCLE		3. Mailing Address 2057 BENDIX TERRACE			
Suite, Apt. #, etc. #1-B		Suite, Apt. #, etc. 			
City & State PORT CHARLOTTE, FL		City & State NORTH PORT, FL			
Zip 33953		Zip 34286		Country	
4. FEI Number 04-3682075					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KELLER, RONNIE G 6509 MONMOUTH ROAD WEST PALM BEACH, FL 33413			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERRETTE, JOHN 2057 BENOIA TERR. NORTH PORT, FL 34286		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2057 BENDIX TERR.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, ERIC 304 VENETIA AVENUE, #2 NORTH PORT, FL 34286		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5936 HILLSBOROUGH BLVD. NORTH PORT, FL 34288	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KELLER, RONNIE G 6509 MONMOUTH ROAD WEST PALM BEACH, FL 33413		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i>		J. VERRETTE		1-16-04 941-723-3933	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	