

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90023 044 ***150.00

DOCUMENT # P01000112577

1. Entity Name

SEE BLUE POOLS, INC.



Principal Place of Business

10931 SW FALL CREEK DR
PORT SAINT LUCIE FL 34987

Mailing Address

10931 SW FALL CREEK DR
PORT SAINT LUCIE FL 34987



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/04)

4. FEI Number **65-1157363**

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

OWENS, H. BRIAN
22119 ALTONA DRIVE
BOCA RATON FL 33428

Name **OWENS, H. BRIAN**

Street Address (P.O. Box Number is Not Acceptable)
10931 S.W. FALL CREEK DR.

PORT ST. LUCIE, FL. 34987

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

H. Brian Owens

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

(NOTE: Registered Agent signature required when reinstating)

7/15/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 PD ☐ Delete
NAME OWENS, H. BRIAN
STREET ADDRESS 22119 ALTONA DRIVE
CITY- ST- ZIP BOCA RATON FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

H. B. Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-05 772-971-2003

Date

Director's Phone #

ATTACHMENT

7/05

50058207
P01000112577

To Whom it may Concern,

I never recieved this
Notice at my Fall Creek Dr.
Address. IT MUST HAVE
ORIGINALLY been sent to the
OLD ADDRESS AT ALTONA DR.
in Boca Raton, Thank You
H.B. Owens.