


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90182 028 ***150.00

DOCUMENT # P02000005545 1. Entity Name MERMAID POOL & SPA, INC.			
Principal Place of Business 8080 TATUM WATERWAY DR STE 4 MIAMI BEACH, FL 33141		Mailing Address 8080 TATUM WATERWAY DR STE 4 MIAMI BEACH, FL 33141	
2. Principal Place of Business 141 N.W. 117 St. Suite, Apt. #, etc.		3. Mailing Address 141 N.W. 117 St. Suite, Apt. #, etc.	
City & State N. Mia. FL		City & State N. Mia., FL	
Zip 33168		Zip 33168	
Country V.S.A.		Country V.S.A.	
4. FEI Number 04-3597570		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOCKWELL, MIKE 8080 TATUM WATERWAY DR STE 4 MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent Name Mike Stockwell Street Address (P.O. Box Number is Not Acceptable) 141 N.W. 117 St. City N. Mia. FL Zip Code 33168	
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 <u>Mike Stockwell</u> Owner 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	DP STOCKWELL, MIKE 8080 TATUM WATERWAY DR STE 4 MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Stockwell, Mike N. Mia., FL 33168	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: <u>Mike Stockwell</u> Mike Stockwell		04/28/04 637-7727 <small>Daytime Phone #</small>	