

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90073 032 \*\*\*150.00

**DOCUMENT # P02000005545**

1. Entity Name  
**MERMAID POOL & SPA, INC.**



Principal Place of Business  
**141 N.W. 117 STREET  
NORTH MIAMI, FL 33168 US**

Mailing Address  
**141 N.W. 117 STREET  
NORTH MIAMI, FL 33168 US**

40071000



**DO NOT WRITE IN THIS SPACE**

04272005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**04-3597570**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**STOCKWELL, MIKE  
141 N.W. 117 STREET  
NORTH MIAMI, FL 33168**

**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: *Mike Stockwell*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*April 27, 2005*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE: DP  
NAME: STOCKWELL, MIKE  
STREET ADDRESS: ~~8080 TATUM WATERWAY DR STE 4~~ *141 N.W. 117 St.*  
CITY-ST-ZIP: NORTH MIAMI, FL 33168

TITLE  
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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.

SIGNATURE:

*Mike Stockwell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 27, 2005*  
Date

*306-637 7727*  
Daytime Phone #