

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-25-2005 90098 001 ***150.00
P02000009392

192

DOCUMENT # P02000009392

1. Entity Name
SUN & FUN POOLS INC



05 AUG 12 AM 8:32

SECURITY DATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**306 SE INES AVE
PORT ST LUCIE FL 34984**

Mailing Address
**306 SE INES AVE
PORT ST LUCIE FL 34984**

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 **03-0390779** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**PRIDGEN, NICOLE
306 SE INES AVE
PORT ST LUCIE FL 34984**

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 *Nicole Bridgen* (NOTE: Registered Agent signature required when re-registering) DATE **7/18/05**

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 **\$5.00** May Be Trust Fund Contribution. ☐ Added to Fees ☐

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PRIDGEN, NICOLE. 306 SE INES AVE PORT SAINT LUCIE FL 34984	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
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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: *Nicole Bridgen* **Nicole Bridgen** DATE: **7/18/05** 772-3364814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2072

Diamond Pools, Inc.

P.O. Box 9635

Port St. Lucie, FL 34985

Phone: (772) 336-4814

Fax: (772) 336-1916

DIAMOND
POOLS, INC.
(772) 336-4814

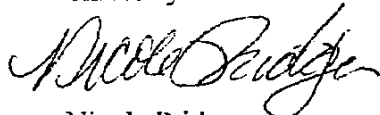
August 11, 2005

To Whom It May Concern:

I am requesting a late penalty be waived regarding my two corporations. I did not receive my original form for renewal. I only received the intent to dissolve both companies. I sent a letter back on July 8th 2005 with check for both companies requesting the late fee be waived and did not receive a reply to my request. So I am sending a second letter requesting the late fees be waived please for both companies.

Thank you in advance for your consideration on this matter.

Sincerely



Nicole Pridgen
Vice President
Diamond Pools Inc.

Diamond Pools Inc.
Document# P94000078393

Sun & Fun Pools Inc.
Document#P02000009392