

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90069 034 ***150.00

DOCUMENT # P02000016342 1. Entity Name BRITE WATER POOLS INC.					
Principal Place of Business 9073 LANTERN DR. LAKE WORTH, FL 33467			Mailing Address 9073 LANTERN DR. LAKE WORTH, FL 33467		
2. Principal Place of Business 9159 BRACELET DRIVE Suite, Apt. #, etc.		3. Mailing Address 9159 BRACELET DRIVE Suite, Apt. #, etc.			
City & State LAKE WORTH, FL Zip 33467 Country USA		City & State LAKE WORTH, FL Zip 33467 Country USA		4. FEI Number 03-0424665	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MASON, STANLEY K 9073 LANTERN DR. LAKE WORTH, FL 33467			7. Name and Address of New Registered Agent Name MASON, STANLEY K. Street Address (P.O. Box Number is Not Acceptable) 9159 BRACELET DRIVE City LAKE WORTH FL Zip Code 33467		
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><i>Stanley K. Mason</i></u> DATE <u>4-6-04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D MASON, STANLEY K 9073 LANTERN DR. LAKE WORTH, FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, STANLEY K. 9159 BRACELET DRIVE LAKE WORTH, FL 33467	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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><i>Stanley K. Mason</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4-6-04</u> Daytime Phone # <u>561-662-8140</u>		