

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90038 044 \*\*\*150.00

**DOCUMENT # P02000028522**

1. Entity Name

POOLBIZ, INC.



Principal Place of Business

5019 N.OCEAN BLVD, APT #3  
DELRAY BEACH FL 33435

Mailing Address

5019 N.OCEAN BLVD, APT #3  
DELRAY BEACH FL 33435

2. Principal Place of Business

2243 Florida Blvd.

Suite, Apt. #, etc.

Apt. # 1B

City & State  
Delray Beach, FL

Zip  
33487

Country  
U.S.A

3. Mailing Address

2243 Florida Blvd.

Suite, Apt. #, etc.

Apt. # 1B

City & State  
Delray Beach, FL

Zip  
33487

Country  
U.S.A



MOORE

CR2E034 (11/03)

4. FEI Number

02-0568523

Applied For

Not Applicable

5. Certificate of Status Desired -- ☐ --

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MULLEN, RYAN M MR.  
1120 HOMEWOOD BLVD APT G204  
DELRAY BEACH FL 33445

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

*Ryan Mullen*

*Ryan Mullen*

*President*

*3-14-04*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
MULLEN, RYAN M  
5019 N.OCEAN BLVD. APT 3  
DELRAY BEACH FL 33435 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Ryan Mullen*

*3-14-03*

*358-9915*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #