

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90473 045 ***150.00

DOCUMENT # P02000045848

1. Entity Name

POOL EXPERTS, INC.



Principal Place of Business

6574 N. ST. RD. 7, #235
COCONUT CREEK FL 33073

Mailing Address

6574 N. ST. RD. 7, #235
COCONUT CREEK FL 33073

2. Principal Place of Business

825 SW 26th St

Suite, Apt. #, etc.

3. Mailing Address

825 S.W. 26th St

Suite, Apt. #, etc.

City & State

Ft Lauderdale Florida

City & State

Ft Lauderdale FL

Zip

33315

Country

USA

Zip

33315

Country

USA

4. FEI Number

30-0064244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASFORD, JULIA
6574 N. ST. RD. 7, #235
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name Julia Basford

Street Address (P.O. Box Number is Not Acceptable)

825 SW 26th St

City Ft Lauderdale

FL

Zip Code 33315

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

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 D
NAME BASFORD, JULIA
STREET ADDRESS 6574 N. ST. RD. 7, #235
CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ Delete

TITLE V
NAME BASFORD, MICHAEL
STREET ADDRESS 843 SW 19TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33315 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Julia Basford
STREET ADDRESS 825 SW 26th St
CITY-ST-ZIP Ft Lauderdale FL 33315 ☐ Change ☐ Addition

TITLE V
NAME Michael Basford
STREET ADDRESS 825 SW 26th St
CITY-ST-ZIP Ft Lauderdale FL 33315 ☐ Change ☐ Addition

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

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

TITLE
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-04 954-650-

7710