


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90558 023 \*\*\*150.00

<b>DOCUMENT # P02000066446</b> 1. Entity Name <b>BEACHSIDE POOL &amp; SPA SUPPLIES, INC.</b>					
Principal Place of Business <b>1750 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176</b>			Mailing Address <b>1750 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176</b>		
2. Principal Place of Business <b>1748 OCEAN SHORE BLVD</b>		3. Mailing Address <b>1748 OCEAN SHORE BLVD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ORMOND BEACH FL</b>		City & State <b>ORMOND BEACH FL</b>		4. FEI Number <b>01-0711731</b>	
Zip <b>32176</b>		Country <b>VOLUSIA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32176</b>		Country <b>VOLUSIA</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RUCKERT, RENEE 1748 OCEAN SHORE BLVD ORMOND BEACH, FL 32176</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1748 OCEAN SHORE BLVD</b>  City <b>ORMOND BEACH</b> <b>FL</b> Zip Code <b>32176</b>		
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>Renee A. Ruckert</i></u> <span style="float: right;">4-23-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUCKERT, RENEE 103 ELLICOTT DR. ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	29 WILD FERN LANE ORMOND BEACH FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUCKERT, DANIEL K 103 ELLICOTT DR. ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	29 WILD FERN LANE ORMOND BEACH FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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>Renee A. Ruckert</i></u> <b>RENEE A. RUCKERT</b> <span style="float: right;">4-23-04 386-441-7677</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					