

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90001 029 ***150.00

DOCUMENT # P02000079065

1. Entity Name

**SWIMMING POOL DYNAMICS OF CENTRAL FLORIDA,
INC.**



Principal Place of Business

**3892 NE 40TH PLACE
SUITE J
OCALA FL 34479**

Mailing Address

**3892 NE 40TH PLACE
SUITE J
OCALA FL 34479**

2. Principal Place of Business

1415 NE 25th Ave.

Suite, Apt. #, etc.

3. Mailing Address

1415 NE 25th Ave.

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip
34470

Country
USA

City & State

Ocala, FL

Zip
34470

Country
USA

4. FEI Number

11-3671867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**TURI, LOUIS J
3892 NE 40TH PLACE
SUITE J
OCALA FL 34474**

7. Name and Address of New Registered Agent

Name **(same)**

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

1415 NE 25th Ave.

City **Ocala**

FL

Zip Code
34470

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)

03/15/04

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	P	<input type="checkbox"/> Delete
NAME	TURI, LOUIS J	
STREET ADDRESS	3892 NE 40TH PLACE, SUITE J	
CITY-ST-ZIP	OCALA FL 34474	

TITLE	V	<input type="checkbox"/> Delete
NAME	TURI, WENDY B	
STREET ADDRESS	3892 NE 40TH PLACE, SUITE J	
CITY-ST-ZIP	OCALA, FL 34474	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Turi, Louis J.	
STREET ADDRESS	1415 NE 25th Ave.	
CITY-ST-ZIP	Ocala, FL 34470	

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Turi, Wendy Bishop	
STREET ADDRESS	1415 NE 25th Ave	
CITY-ST-ZIP	Ocala, FL 34470	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/04

Date

352-629-1998

Daytime Phone #