2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State
03-08-2004 90019 017 ***150.00

DOCUMENT # P03000001869

1. Entity Name
ANDY'S POOL AND SPA, INC.

Principal Place of Business	Mailing Address
18155 BARUCH DRIVE FT. MYERS FL 33912	18155 BARUCH DRIVE FT. MYERS FL 33912

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
7595 GArry RD. FTmyers, FL Suite, Apt. #, etc.		7595 GArry RD FTmyers FL 33912 Suite, Apt. #, etc.	
City & State: FT myers, FL		City & State: FT. myers, FL	
Zip: 33912	Country: FL	Zip: 33912	Country: US

4. FEI Number 51-0440148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIKLIC, ANDREW
18155 BARUCH DRIVE
FT. MYERS FL 33912

7. Name and Address of New Registered Agent

Name: MiKLic, AnDrew
Street Address (P.O. Box Number is Not Acceptable): 7595 GArry RD
City: FT myers, FL FL Zip Code: 33912

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 ______________________ DATE
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
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	☐ Delete
NAME	MIKLIC, ANDREW	
STREET ADDRESS	18155 BARUCH DRIVE	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☑ Change ☐ Addition
NAME	miKLic, AnDrew	
STREET ADDRESS	7595 GArry RD	
CITY-ST-ZIP	FT. myers, FL 33912	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: ______________________ 2/18/04 239-275-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #