FILED
Mar 11, 2004 8:00 am
Secretary of State
03-01-2004 90042 039 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

3/1

DOCUMENT # P03000015757

1. Entity Name
SUN BLUE POOLS, INC.

Principal Place of Business	Mailing Address
4533 SUNBEAM RD, STE 302 JACKSONVILLE, FL 32257	4533 SUNBEAM RD, STE 302 JACKSONVILLE, FL 32257

66405405

02052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4533 Sunbeam Rd.	4533 Sunbeam Rd.
Suite, Apt. #, etc. 103	Suite, Apt. #, etc. 103
City & State Jacksonville, FL	City & State Jacksonville
Zip 32257 Country Duval	Zip 32257 Country Duval

4. FEI Number 45-0501461 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ADAIR, THOMAS R
2004 MYRON CT
JACKSONVILLE, FL 32259

7. Name and Address of New Registered Agent
Name Stephen E. Tilley, CPA
Street Address (P.O. Box Number is Not Acceptable) 4465 Baymeadows Rd Ste. 3
City Jacksonville FL Zip Code 322??

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] 3-8-04
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ADAIR, THOMAS R 2004 MYRON CT JACKSONVILLE, FL 32259	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Dean Baker 11247 San Jose Blvd #814 Jacksonville, FL 32223	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WESTBERRY, ANDREW 1015-15TH AVE N JACKSONVILLE, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] ANDREW WESTBERRY 2-27-04 904 731 3929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #