


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90184 042 ***150.00

DOCUMENT # P03000019253	
1. Entity Name SUN-UP POOLS & SPAS, INC.	

Principal Place of Business 1732 S CONGRESS AVE STE 308 PALM SPRINGS FL 33461	Mailing Address 1732 S CONGRESS AVE STE 308 PALM SPRINGS FL 33461
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2. Principal Place of Business 3769 S. Congress Ave.	3. Mailing Address 3769 S. Congress Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake Worth FL	City & State Lake Worth FL
Zip 33461	Zip 33461
Country USA	Country USA

4. FEI Number 51-0445449	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JONES, WILLIAM H 1732 S CONGRESS AVE STE 308 PALM SPRINGS FL 33461	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 <i>William H Jones</i> Signature, typed or printed name of registered agent and title if applicable.	William H Jones (NOTE: Registered Agent signature required when reinstating)
	4/26/04 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS JONES, WILLIAM H 1732 S CONGRESS AVE STE 308 PALM SPRINGS FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jones, William H 3769 S. Congress Ave. Lake Worth, FL 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>William H Jones</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	William H. Jones Date 4/26/04 Daytime Phone # (561) 966-0832