

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000041174

1. Entity Name

RELIABLE POOL & SPA, INC.



**FILED
May 03, 2004 8:00 am
Secretary of State**

05-03-2004 90709 036 ***150.00

Principal Place of Business

1281 SW 1ST WAY
DEERFIELD BEACH FL 33441

Mailing Address

1281 SW 1ST WAY
DEERFIELD BEACH FL 33441

2. Principal Place of Business

1281 SW 1ST Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Bch, FL

City & State

Zip
33441

Country
BROWARD

Zip
BROWARD

4. FEI Number

20-0787929

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEGENS, JOHN W
1281 SW 1ST WAY
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name
Louis J Ragonese

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

1281 SW 1 Way

City
Deer Field Bch FL Zip Code
33441

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

Louis J Ragonese

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
BEGENS, JOHN W
1281 SW 1ST WAY
DEERFIELD BEACH FL 33441

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
RAGONESE, LOUIS J
1281 SW 1ST WAY
DEERFIELD BEACH FL 33441

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
STEWART, MICHAEL
1281 SW 1ST WAY
DEERFIELD BEACH FL 33441

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HURTADO, RAYMOND
1281 SW 1ST WAY
DEERFIELD BEACH FL 33441

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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:

Louis J Ragonese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 954-427-4200
Date Daytime Phone #