

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90057 016 \*\*\*150.00

**DOCUMENT # P03000046632**

1. Entity Name

PREP MAN POOL PREP SERVICE, INC.



Principal Place of Business

6210 NW 12TH CT  
SUNRISE FL 33313

Mailing Address

6210 NW 12TH CT  
SUNRISE FL 33313

2. Principal Place of Business

6210 NW 12th CT  
Suite, Apt. #, etc.

3. Mailing Address

6210 NW 12th CT  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Sunrise FL

Zip  
33313

Country

Broward

City & State

Sunrise FL

Zip  
33313

Country

Broward

4. FEI Number

542138098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BEASLEY, RAYMOND  
6210 NW 12TH CT  
SUNRISE FL 33313

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

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**

**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 ☐ Delete  
NAME BEASLEY, RAYMOND  
STREET ADDRESS 6210 NW 12TH CT  
CITY-ST-ZIP SUNRISE FL 33313

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE M ☐ Change ☒ Addition  
NAME JESON Lamont Mosley  
STREET ADDRESS 4261 NW 31 Ave  
CITY-ST-ZIP Ft Lauderdale Lakes 33309

TITLE M ☐ Change ☒ Addition  
NAME Terry Curry  
STREET ADDRESS 3421 NW 7th St  
CITY-ST-ZIP Ft Lauderdale 33311

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Raymond Beasley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04 954-650-1415

Date

Daytime Phone #