

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90004 033 ***150.00

DOCUMENT # P03000053813

1. Entity Name
QUALITY POOLS & PRESSURE WASHING, INC.



Principal Place of Business
**1240 PIEDMONT RD
VENICE, FL 34293**

Mailing Address
**1240 PIEDMONT RD
VENICE, FL 34293**

54060868



2. Principal Place of Business:

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
61-1448488

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REINSTROM, JANET
1240 PIEDMONT RD
VENICE, FL 34293**

Name
JANET DUKE
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**

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 11

TITLE **PRESIDENT** ☐ Delete
NAME **JANET DUKE**
STREET ADDRESS **1240 PIEDMONT RD.**
CITY-ST-ZIP **VENICE, FL 34293**

☐ Change ☐ Addition

TITLE **VICE PRESIDENT** ☐ Delete
NAME **KEITH DUKE**
STREET ADDRESS **1240 PIEDMONT RD.**
CITY-ST-ZIP **VENICE, FL 34293**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: **Janet A Duke** **Janet A Duke**

1-26-04
Date

941-443-0081
Daytime Phone #