2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2004 8:00 am Secretary of State DOCUMENT # P03000056200 02-27-2004 90037 006 ***150.00 SENTRY POOL BARRIER, INC. Principal Place of Business Mailing Address 615 133 ST EAST BRADENTON FL 34212 615 133 ST EAST BRADENTON FL 34212 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number 27-0056720 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALL, MURRAY L Street Address (P.O. Box Number is Not Acceptable) 615 133 ST EAST **BRADENTON FL 34212** City Zio 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. the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITI F TITLE ☐ Change ☐ Addition HALL, MURRAY L NAME NAME STREET ADDRESS 615 133 ST EAST STREET ADDRESS **BRADENTON FL 34212** CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ✓ Addition TITLE Hall, Melanie M. NAME HALL, MURRAY M NAME STREET ADDRESS 615 133 ST EAST STREET ADDRESS 615-133 St.E. ERROR **BRADENTON FL 34212** CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Defete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIE ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED