

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059750

FILED  
Sep 29, 2004  
Secretary of State

Entity Name: CASTAWAY POOL SERVICE, INC.

## Current Principal Place of Business:

5318 SW 117 AVE  
COOPER CITY, FL 33330

## New Principal Place of Business:

5813 SW 115TH AVE  
COOPER CITY, FL 33330

## Current Mailing Address:

5318 SW 117 AVE  
COOPER CITY, FL 33330

## New Mailing Address:

5813 SW 115TH AVE  
COOPER CITY, FL 33330

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'BRIEN, KERRY O  
5318 SW 117 AVE  
COOPER CITY, FL 33330 US

## Name and Address of New Registered Agent:

O'BRIEN, KERRY L  
5813 SW 115TH AVE  
COOPER CITY, FL 33330 US

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.

SIGNATURE: KERRY L. O'BRIEN

09/29/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CORMANY, DAVID  
Address: 5318 SW 117 AVE  
City-St-Zip: COOPER CITY, FL 33330

Title: D ( ) Delete  
Name: CORMANY, MARIA  
Address: 5318 SW 117 AVE  
City-St-Zip: COOPER CITY, FL 33330

Title: D (X) Delete  
Name: O'BRIEN, KERRY  
Address: 5318 SW 117 AVE  
City-St-Zip: COOPER CITY, FL 33330

Title: D (X) Delete  
Name: LOCKHART, JOSEPH  
Address: 5318 SW 117 AVE  
City-St-Zip: COOPER CITY, FL 33330

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LOCKHART, JOSEPH T  
Address: 5813 SW 115TH AVE  
City-St-Zip: COOPER CITY, FL 33330

Title: D (X) Change ( ) Addition  
Name: O'BRIEN, KERRY L  
Address: 5813 SW 115TH AVE  
City-St-Zip: COOPER CITY, FL 33330

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH T. LOCKHART

D

09/29/2004

Electronic Signature of Signing Officer or Director

Date