

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90009 019 ***150.00

DOCUMENT # P03000064824 1. Entity Name JOHNSON POOL & DECK RESUFACING, INC.													
Principal Place of Business 9547 VIA SEGOVIA NEW PORT RICHEY, FL 34655			Mailing Address 9547 VIA SEGOVIA NEW PORT RICHEY, FL 34655										
2. Principal Place of Business 9547 Via Segovia		3. Mailing Address 9547 Via Segovia											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01062004 Chg-P CR2E034 (10/03)									
City & State New Port Richey, FL		City & State New Port Richey, FL		4. FEI Number 651191421									
Zip 34655		Country U.S.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent JOHNSON, MARC A 9547 VIA SEGOVIA NEW PORT RICHEY, FL 34655			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: _____ DATE: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE D President ☐ Delete </td> <td style="width: 50%; padding: 2px;"> NAME JOHNSON, MARC A </td> </tr> <tr> <td style="padding: 2px;"> STREET ADDRESS 9547 VIA SEGOVIA </td> <td style="padding: 2px;"> CITY-ST-ZIP NEW PORT RICHEY, FL 34655 </td> </tr> </table>			TITLE D President ☐ Delete	NAME JOHNSON, MARC A	STREET ADDRESS 9547 VIA SEGOVIA	CITY-ST-ZIP NEW PORT RICHEY, FL 34655	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE Vice President ☐ Change ☒ Addition </td> <td style="width: 50%; padding: 2px;"> NAME Laura Johnson </td> </tr> <tr> <td style="padding: 2px;"> STREET ADDRESS Same </td> <td style="padding: 2px;"> CITY-ST-ZIP Same </td> </tr> </table>			TITLE Vice President ☐ Change ☒ Addition	NAME Laura Johnson	STREET ADDRESS Same	CITY-ST-ZIP Same
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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #