

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-13-2004 90072 045 ***150.00

24079858



08102004 Chg-P CR2E034 (10/03)

4. FEI Number **33-1069882** Applied For ☐ Not Applicable ☐

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

DOCUMENT # P03000076967

1. Entity Name
POOL FOOL, INC.



Principal Place of Business

~~6005 N WICKHAM RD 1-10~~
~~MELBOURNE, FL 32940~~

Mailing Address

~~904 WAVECREST AVE B-8~~
~~INDIALANTIC, FL 32903~~

2. Principal Place of Business

4100 Wickham Rd

Suite, Apt., etc.

Suite 102

Melbourne, FL

City & State

Zip

32935-2487

Country

BREVARD

3. Mailing Address

4100 Wickham Rd

Suite, Apt., etc.

Suite 102

Melbourne, FL

City & State

Zip

32935-2487

Country

BREVARD

MILLER, ALLEN

2087-A SARNO RD

MELBOURNE, FL 32935

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete

NAME MCCABE, ADHARSH
STREET ADDRESS 904 WAVECREST AVE B-00
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE ☐ Delete

NAME GIDDENS, DALE
STREET ADDRESS 904 WAVECREST AVE B-8
CITY-ST-ZIP INDIALANTIC, FL 32903

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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-04

Date

Daytime Phone #