

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90046 002 *****8.75
02-01-2005 90046 001 ***150.00

DOCUMENT # P03000077820 1. Entity Name EXOTIC POOLS BY JANEEN, INC.	
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Principal Place of Business 20020 VETERANS BLVD STE 7-9 PORT CHARLOTTE, FL 33954	Mailing Address 20020 VETERANS BLVD STE 7-9 PORT CHARLOTTE, FL 33954
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66000712



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 38-3685672	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WEILER, JANEEN M 20020 VETERANS BLVD STE 7-9 PORT CHARLOTTE, FL 33954
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**DO NOT WRITE
IN THIS SPACE**

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 *Janeen M. Weiler* DATE 1/26/05
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WEILER, JEFF R 20020 VETERANS BLVD STE 7-9 PORT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEILER, JANEEN M 20020 VETERANS BLVD STE 7-9 PORT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WEILER, DONALD L 20020 VETERANS BLVD STE 7-9 PORT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Janeen M. Weiler* Date 1/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #