

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2004 8:00 am
Secretary of State

06-30-2004 90001 029 ***150.00

DOCUMENT # P03000092956 1. Entity Name WHITE WATER POOL SERVICE, INC.			
Principal Place of Business 801 SOUTH OCEAN DRIVE #703 HALLANDALE BEACH, FL 33019		Mailing Address 801 SOUTH OCEAN DRIVE #703 HALLANDALE BEACH, FL 33019	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL	
Zip 33019		Zip 33019	
Country		Country	
4. FEI Number 83-0369807		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHLICHTE, PAUL G 2134 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name CARL RANIERI Street Address (P.O. Box Number is Not Acceptable) 801 SOUTH OCEAN DR. #703 City HOLLYWOOD FL Zip Code 33019	
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 CARL RANIERI President DATE 7/10/04 (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 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RANIERI, CARL 801 SOUTH OCEAN DRIVE #703 HALLANDALE BEACH, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. RANIERI, VIRGINIA K 801 SOUTH OCEAN DRIVE #703 HALLANDALE BEACH, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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		Date 7/10/04 Daytime Phone # 9543031197	

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