

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90013 048 \*\*\*150.00

<b>DOCUMENT # P03000094882</b> 1. Entity Name <b>POOL SERVICE BY HANS, INC.</b>			
Principal Place of Business <b>415 PINECREST COURT</b> <b>CAPE CORAL, FL 33904 US</b>		Mailing Address <b>415 PINECREST COURT</b> <b>CAPE CORAL, FL 33904 US</b>	
2. Principal Place of Business <b>1448 Vendome Ct.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1448 Vendome Ct.</b> Suite, Apt. #, etc.	
City & State <b>Cape Coral, Florida</b> Zip <b>33904</b> Country <b>US</b>		City & State <b>Cape Coral, Florida</b> Zip <b>33904</b> Country <b>US</b>	
4. FEI Number <b>20-0529001</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>EITTENBERGER, MONIKA</b> <b>415 PINECREST COURT</b> <b>CAPE CORAL, FL 33904</b>		7. Name and Address of New Registered Agent Name <b>BLASCHZYK HANS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1448 Vendome Ct.</b> City <b>Cape Coral</b> <b>FL</b> Zip Code <b>33904</b>	
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: <b>Hans Blaschzyk</b> <b>2-10-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input type="checkbox"/> Delete <b>BLASCHZYK, HANS</b> <b>139 SW 53RD TERRACE</b> <b>CAPE CORAL, FL 33914</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1448 Vendome Ct.</b> <b>Cape Coral, Fl. 33904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Blaschzyk, Diana</b> <b>1448 Vendome Ct.</b> <b>Cape Coral, Fl. 33904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 information empowered.			
SIGNATURE: <b>Hans Blaschzyk</b>		<b>2-10-04</b> <b>239-542-9533</b> <small>Date Daytime Phone #</small>	