

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90083 004 ***158.75

DOCUMENT # P03000114030

1. Entity Name

NORTH FLORIDA POOLS, INC.



Principal Place of Business

233 E BAY ST STE 930
JACKSONVILLE FL 32202

Mailing Address

233 E BAY ST STE 930
JACKSONVILLE FL 32202

2. Principal Place of Business

18041 Beach Blvd

Suite, Apt. #, etc.

Suite 20

City & State

Jacksonville, FL

Zip

32246

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

90-0114369

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, III, C. HOLT ESQ.
233 E BAY ST STE 930
JACKSONVILLE FL 32202

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

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME QUINTAL, ROBERT E
STREET ADDRESS 3766 SOUTH VIEW DR #256
CITY-ST-ZIP SAN DIEGO CA 92117

TITLE DP ☐ Delete
NAME QUINTAL, KENNETH M
STREET ADDRESS 6 NOCHOLS CT
CITY-ST-ZIP HILTON HEAD ISL SC 29926

TITLE D ☐ Delete
NAME QUINTAL, KIMBERLY L
STREET ADDRESS 6 NOCHOLS CT
CITY-ST-ZIP HILTON HEAD ISL SC 29926

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 MR. (VICE PRES.) ☒ Change ☐ Addition
NAME Quintal, Robert E.
STREET ADDRESS 2001 Hodges Blvd. #207
CITY-ST-ZIP Jacksonville, FL 32224

TITLE MR. (President) ☒ Change ☐ Addition
NAME Quintal, Kenneth M.
STREET ADDRESS 907 Valley Forge Rd East
CITY-ST-ZIP Neptune Beach, FL 32266

TITLE MRS. (Secy. Treas.) ☒ Change ☐ Addition
NAME Quintal, Kimberly L.
STREET ADDRESS 907 Valley Forge Rd East
CITY-ST-ZIP Neptune Beach, FL 32266

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Kimberly L. Quintal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/04 904-620-0090