

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90005 034 ***150.00

DOCUMENT # P03000116369

1. Entity Name
GARY'S POOL CLEANING SERVICE, INC.



Principal Place of Business
1159 ROBERTS STREET
ORMIND BEACH, FL 32174
Ormond

Mailing Address
1159 ROBERTS STREET
ORMIND BEACH, FL 32174
Ormond

54067516



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07162004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

16-1688005

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MILLER, GARY T
1159 ROBERTS STREET
ORMIND BEACH, FL 32174
Ormond

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

Gary T Miller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/5/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MILLER, GARY T
STREET ADDRESS 1159 ROBERTS STREET
CITY-ST-ZIP ORMIND BEACH, FL 32174

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

TITLE D ☐ Delete
NAME MILLER, LEIGH A
STREET ADDRESS 1159 ROBERTS STREET
CITY-ST-ZIP ORMIND BEACH, FL 32174

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Gary T Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/04

Date

386-677-3903

Daytime Phone #