


Jul 15 04 10:29a Sandra Costill
07-15-'04 09:19 FROM-

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FILED
Jul 19, 2004 8:00 am
Secretary of State

03-02-2004 90017 041 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000118452					
1. Entity Name TARPON POOL & PATIO SERVICE, INC.					
Principal Place of Business 11622 LACEWING LANE NAPLES, FL 34114			Mailing Address 11622 LACEWING LANE NAPLES, FL 34114		
2. Principal Place of Business			3. Mailing Address		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 56-2408686				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTH ACCOUNTING, PA 1008 GOODLETTE ROAD 201 NAPLES, FL 34102				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$950.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P. COSTILL, JOHN W 11622 LACEWING LANE NAPLES, FL 34114 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T CIULLA, LISA M 11578 LACEWING LANE NAPLES, FL 34114 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP CIULLA, JON S 11578 LACEWING LANE NAPLES, FL 34114 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-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 118.07(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: <u>Lisa M Ciulla</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____					

66430122



04292004 Chg-P CR2E034 (10/03)

Attachment
Fosth Accounting, P.A.

66430122

◆◆◆
1008 Goodlette Road, Suite 201, Naples, FL 34102
Phone 239-435-7336 ◆ Fax 239-435-7339

Division of Corporations
PO Box 1500
Tallahassee FL 32302-1500

Re: Document # P03000118452

July 15, 2004

To Whom It May Concern:

My client, Tarpon Pool and Patio Service, Inc., spoke to one of your customer service representatives on July 15, 2004 after receiving a notice that the 2004 annual report hadn't been filed. Apparently the filing was rejected because the FEI number wasn't included on the report. My client never received a letter stating that the report was rejected. They were unaware of a problem until receiving the current notice. They already made payment to the state in March and it has already been credited to their account. Please find a copy of the cancelled check enclosed. I am also enclosing a copy of the annual report with all of the information included so that it can be properly filed this time. Thank you for the time you are taking to get this misunderstanding cleared up.

Sincerely,

Kimberly K Walsh

Kimberly K Walsh CPA

Enclosures: 2004 Profit Corporation Annual Report
Copy of cancelled check

Jul 14 04 08:52p

Sandra Costill

417-8418

P. 2

Attachment
66430122
#P03000118452

TARPON POOL & PATIO SERVICE 01-90
11622 LACEWING LANE
NAPLES, FL 34114

BANK OF AMERICA
NATIONAL ASSOCIATION
ATLANTA, GA 30329
63-27631

3817

2/15/2004

PAY TO THE
ORDER OF

DIVISION OF CORPORATIONS

\$ **150.00

One Hundred Fifty and 00/100*****

DIVISION OF CORPORATIONS

DOLLARS

MEMO
2004 FOR PROFIT CORPORATION ANNUAL REPORT

Sandra Costill

0174380939
BANK OF AMERICA NA JAX
00630000471 23135 01 P01
63/05/04

VS DATE 03/05/04
P01 3 3104