


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90039 008 ***150.00

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|---|--|--|---|--|--|
| DOCUMENT # P03000121935 1. Entity Name MASTER POOL & SOLAR, INC. | | | |  | |
| Principal Place of Business 4470 24TH PLACE SW NAPLES, FL 34116 | | | Mailing Address 4470 24TH PLACE SW NAPLES, FL 34116 | | |
| 2. Principal Place of Business 25 Stone Way Suite, Apt. #, etc. | | 3. Mailing Address 25 Stone Way Suite, Apt. #, etc. | | | |
| City & State NAPA LAKE PLACID FL | | City & State NAPA LAKE PLACID FL | | 4. FEI Number 20-0346732 | |
| Zip 33852 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MOHRBACHER, LORA 4470 24TH PLACE SW NAPLES, FL 34116 | | | 7. Name and Address of New Registered Agent Name Lora Mohrbacher Street Address (P.O. Box Number is Not Acceptable) 25 Stone Way City Lake Placid FL Zip Code 33852 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 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-ST-ZIP | P MOHRBACHER, JON G 4470 24TH PLACE SW NAPLES, FL 34116 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25 Stone Way LAKE PLACID, FL 33852-6585 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MOHRBACHER, JON G 4470 24TH PLACE SW NAPLES, FL 34116 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25 Stone Way LAKE PLACID FL 33852-6585 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MOHRBACHER, LORA L 4470 24TH PLACE SW NAPLES, FL 34116 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25 Stone Way LAKE PLACID FL 33852-6585 | |
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| 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 like empowered. | | | | | |
| SIGNATURE Lora Mohrbacher SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 4-4-05 Daytime Phone # 863-465-4777 | | |