2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State
07-08-2004 90187 016 ***150.00

DOCUMENT # P03000133609

1. Entity Name
POOL PLASTERS, INC.

Principal Place of Business	Mailing Address
11310 NW 29TH STREET SUNRISE, FL 33322	11310 NW 29TH STREET SUNRISE, FL 33322

44045148S

03152003 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
20-0413895
☐ Applied For
☐ Not Applicable

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
MASON, CARNELL SR 11310 NW 29TH STREET SUNRISE, FL 33322	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 _____ DATE
(If changing registered office/registered agent, this document must be signed by the registered agent. If changing registered agent, the new registered agent must sign.)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD MASON, CARNELL SR 11310 NW 29TH STREET SUNRISE, FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V BLACKWELL, MARCUS 11310 NW 29TH STREET SUNRISE, FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V GASSETT, ROBERT V 11310 NW 29TH STREET SUNRISE, FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ 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: Carnell Mason 5/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

Attached
#P0B000133609
44047485

May 24, 2004

July 2, 2004

TO: Florida Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida, 32314

FROM: Pool Plasters, Inc.
Carnell Mason, Sr.
11310 N.W. 29th Street
Sunrise, FL. 33322

RE: Requesting A Waiver on Annual Report Late Fees / Enclosed Check For #150.00

To whom it may concern:

I am requesting a waiver on the $400.00 late fees, for the May 1, 2004 filing, of my original Annual Report, because this was the first time of the corporation filing and because I had no income to report. I did not have a good understanding of it and the procedure.

I will try to file all future corporation papers and reports on time.

Yours truly,
Carnell Mason Sr.

Carnell Mason, Sr.
President

P.S. Enclosed Check For #150.