2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Mar 04, 2004 8:00 am **Secretary of State** DOCUMENT # P03000136467 1. Entity Name 03-04-2004 90008 010 \*\*\*150.00 AQUA POOL INNOVATIONS INC. Principal Place of Business Mailing Address P.O. BOX 669 HIGHLAND CITY FL 33846-HIGHLAND CITY FL 33846 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 20-0408604 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ST A READ W READY, JAMES A (P.O. Box Number is Not Acceptable) 5515 6TH ST. HIGHLAND CITY FL 33846 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 the obligations of registered agent. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. E.P. Christupher M. Read Change TITLE ☐ Delete TITI F NAME READY, CHRISTOPHER M. 1619 Tangerine St NAME STREET ADDRESS 1905 SYLVESTER COURT STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33803 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Addition READY, JAMES A NAME NAME SAMES A. READY STREET ADDRESS 5515 6TH ST. STREET ADDRESS 1905 Sylvester (7. LAKFland Fl. 33803 CITY-ST-ZIP HIGHLAND CITY FL 33846 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED