2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P03000143020



FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90763 019 ***158.75

1. Entity Name BEAUTIFUL CREATIONS POOL SERVICE, INC.							03-03-200	- 70703 ·		30.73
Principal Place of Business 20 N COLLEGE AVE STE B MAITLAND, FL 32751			Mailing Address 20 N COLLEGE AVE STE B MAITLAND, FL 3275			 		17882		Miller III keel
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04292004	Chg-P	CR2E03	4 (10/03)		
City & State			City & State			4. FEI Numbe	81-063	3923	2 Ap	oplied For
Zip Country		Zip Country		try	5. Certificate	of Status Desired		8.75 Add	ditional	
	6. Name	and Address of Curre	nt Registered Agent			7. Name and	Address of New R	egistered A	gent	
		_			Name					
HENSON, RICHARD 20 N COLLEGE AVE STE B				Street Address		(P.O. Box Number	er is Not Acceptable	e)		
MAITLAND	D, FL 327	51								
					City			FL	Zip Cod	е
	tions of regis		for the purpose of changing it		ed office or registe		th, in the State of Flo	DATE	miliar with,	and accept
After Ma		PEE IS \$150.00 4 Fee will be \$550		ntribution.	++	.00 May Be ded to Fees	CHANGES TO GET	ICEDO AND	OUR ECT ODS	2.00.44
After Ma	ay 1, 200	4 Fee will be \$550	D.00 Trust Fund Cor	ntribution.	Add	led to Fees	CHANGES TO OFF			
After Ma	a y 1, 200	4 Fee will be \$550 OFFICERS AN	0.00 Trust Fund Cor	11,	Add	led to Fees	CHANGES TO OFF		DIRECTORS	S IN 11
After Ma	P HENSON	OFFICERS AN	D.00 Trust Fund Cor	11.	Add	led to Fees	CHANGES TO OFF			
After Management of the street address	P HENSON 7350 RIV	OFFICERS AN OFFICERS AN , RICHARD ERSIDE PL	D.00 Trust Fund Cor	11, TITU NAM	Add	led to Fees	CHANGES TO OFF			
After M. 10. IIILE NAME STREET ADDRESS CITY - ST - ZIP	P HENSON 7350 RIVI	OFFICERS AN	D.00 Trust Fund Cor	11. IITUI NAM STRE	Add	led to Fees	CHANGES TO OFF		☐ Change	Addition
After Management of the street address city-st-zip title	P HENSON 7350 RIV ORLANDO	OFFICERS AN OFFICERS AN , RICHARD ERSIDE PL O, FL 32810	D.00 Trust Fund Cor	11, TITU NAM	Add	led to Fees	CHANGES TO OFF			
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rifereby certify that the information supplied with this tiling does not quality 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: 🖊

SIGNATURE AND 19PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07 - 298-2863 Daytime Phone #