


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90025 039 ***150.00

| | |
|--|---|
| DOCUMENT # P03000143198 |  |
| 1. Entity Name MCCLELLAN POOL SERVICES, INC. | |

| | |
|---|---|
| Principal Place of Business 15909 INDIAN WELLS CT CLERMONT, FL 34711-8127 | Mailing Address 15909 INDIAN WELLS CT CLERMONT, FL 34711-8127 |
|---|---|

| | |
|---|-----------------------------------|
| 2. Principal Place of Business <i>None</i> | 3. Mailing Address <i>None</i> |
|---|-----------------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



02032004 Chg-P CR2E034 (10/03)

| | |
|-------------------------------------|--|
| 4. FEI Number 42-161-3413 | Applied For <input type="checkbox"/> Not Applicable |
|-------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent MCCLELLAN, JOSEPH A 15909 INDIAN WELLS CT CLERMONT, FL 34711-8127 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | D JOSEPH, MCCLELLAN A 15909 INDIAN WELLS CT CLERMONT, FL 347118127 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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 |
| 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 |
| 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 |
| 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: *Joseph A. McClellan* **JOSEPH A. MCCLELLAN** 2-6-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #