

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # P03000147227**

1. Entity Name  
**CAPRICORN POOLS, INC.**



**FILED**

04 JUL 23 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Handwritten signature*

Principal Place of Business: **2069 LOVELAND BLVD  
PORT CHARLOTTE, FL 33980**  
Mailing Address: **2069 LOVELAND BLVD  
PORT CHARLOTTE, FL 33980**

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

07012004 Chg-P CR2E034 (10/03)  
4. FEI Number: **41-2121319** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**STEIN, ROGER  
2069 LOVELAND BLVD  
PORT CHARLOTTE, FL 33980**

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: \_\_\_\_\_

Amended AR is **\$61.25**  
9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: <b>D</b> NAME: <b>STEIN, FRANCES</b> STREET ADDRESS: <b>2069 LOVELAND BLVD</b> CITY-ST-ZIP: <b>PORT CHARLOTTE, FL 33980</b>	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>P/C/T</b> NAME: <b>STEIN, ROGER</b> STREET ADDRESS: <b>2069 LOVELAND BLVD</b> CITY-ST-ZIP: <b>PORT CHARLOTTE, FL 33980</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>(S/S)</b> NAME: <b>STEIN, FRANCES</b> STREET ADDRESS: <b>2069 LOVELAND BLVD</b> CITY-ST-ZIP: <b>PORT CHARLOTTE, FL 33980</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Roger R. Stein* **ROGER R. STEIN** **7/20/04** **941-629-1226**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT, CHAIRMAN, TREASURER** Date Daytime Phone #