

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90018 001 \*\*\*550.00

**DOCUMENT # P04000001394**

1. Entity Name  
**FLORIDA OUTDOOR CUSTOM POOLS & SPAS, INC.**



Principal Place of Business  
**8642 CONTOURA DRIVE  
ORLANDO, FL 32810**

Mailing Address  
**8642 CONTOURA DRIVE  
ORLANDO, FL 32810**

**54069600**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08172004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**32-0107081**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HOWARD, VINCENT B  
307 MONTICELLO COURT  
ALTAMONTE SPRINGS, FL 32701**

Name

**MARK C. BURDA**

Street Address (P.O. Box Number is Not Acceptable)

**8642 CONTOURA DRIVE**

City

**ORLANDO FL**

FL

Zip Code

**32810**

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

*[Signature]*

**MARK BURDA**

**8/18/2004**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
**PTD  
BURDA, MARK C  
8642 CONTOURA DRIVE  
ORLANDO, FL 32810** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVTS  
MARK C. BURDA  
8642 CONTOURA DRIVE  
ORLANDO FL 32810** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
HOWARD, VINCENT B  
307 MONTICELLO DRIVE  
ALTAMONTE SPRINGS, FL 32701** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Delete

TITLE  
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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:

*[Signature]*

**MARK BURDA**

**8/18/2004**

**407 509-1857**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #