

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90007 041 ***150.00

DOCUMENT # P04000004546

1. Entity Name
FLAMINGO POOL & SPA, INC.



Principal Place of Business
**8260 PASCAL DRIVE
PUNTA GORDA, FL 33951**

Mailing Address
**8260 PASCAL DRIVE
PUNTA GORDA, FL 33951**

34003310



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2149196

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

**OAKS, DAVID K ESQ.
407 EAST MARION AVENUE
SUITE 101
PUNTA GORDA, FL 33950**

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

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

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MENZER, HANS G III
STREET ADDRESS 8260 PASCAL DRIVE
CITY-ST-ZIP PUNTA GORDA, FL 33951

TITLE STD ☐ Delete
NAME MENZER, PHOEBE
STREET ADDRESS 8260 PASCAL DRIVE
CITY-ST-ZIP PUNTA GORDA, FL 33951

TITLE VD ☐ Delete
NAME MENZER, NATALIA
STREET ADDRESS 8260 PASCAL DRIVE
CITY-ST-ZIP PUNTA GORDA, FL 33951

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, without other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hans Menzer

2/4/04

Date

Daytime Phone #

(941) 575-7222