


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90102 032 ***150.00

DOCUMENT # P04000042520

1. Entity Name
POOL GUARD OF NORTH FLORIDA, INC.



Principal Place of Business
1728 DARTMOOR LANE
ST AUGUSTINE, FL 32095

Mailing Address
1728 DARTMOOR LANE
ST AUGUSTINE, FL 32095

2. Principal Place of Business
15 TALLWOOD RD.
Suite, Apt. #, etc.
JAX. BEACH, FL.
City & State
32280 U.S.
Zip Country

3. Mailing Address
15 TALLWOOD RD.
Suite, Apt. #, etc.
JAX. BEACH, FL.
City & State
32280 U.S.
Zip Country

40048069



03312005 Chg-P CR2E034 (10/03)

4. FEI Number
14-1903472

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROLISON, BRIAN
1728 DARTMOOR LANE
ST AUGUSTINE, FL 32095

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 *B. Rolison* DATE 4-3-05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	PS ROLISON, BRIAN 1728 DARTMOOR LANE ST AUGUSTINE, FL 32095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROLISON, MICHAEL 8933 SANDUSKY AVE S JACKSONVILLE, FL 32216 <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
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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: *B. Rolison* *Brian Rolison* DATE 4-3-05 DAYTIME PHONE # 904 241 2533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR