

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000050876

1. Entity Name
OUT OF SIGHT POOL BLANKETS, INC.



FILED
05 SEP 12 AM 9:27
SEC. OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**17691 SUMMERLIN ROAD
FORT MYERS, FL 33908**

Mailing Address
**17691 SUMMERLIN ROAD
FORT MYERS, FL 33908**

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



07292005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0900937

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

6. Name and Address of Current Registered Agent
**WANDERON, THOMAS
868-106TH AVENUE NORTH -
NAPLES, FL 34108** address change

7. Name and Address of New Registered Agent
Name
Wanderon, Thomas
Street Address (P.O. Box Number is Not Acceptable)
809 Walkerbilt Road, Suite 5
City
Naples FL Zip Code
34110

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 _____

Amended AR Is \$61.25

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	PDV MCDANIEL, PAUL R 17691 SUMMERLIN ROAD FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, T McDaniel, Paul R. 17691 Summerlin Road Fort Myers, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCDANIEL, PAUL R 17691 SUMMERLIN ROAD FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S Mausser, Arnold 17691 Summerlin Road Fort Myers, FL 33908 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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09/19/05--01046--011 **61.25

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: **Paul R. McDaniel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **8/5/05** Daytime Phone # _____