

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90004 034 \*\*\*150.00

DOCUMENT # P04000124200

1. Entity Name

CALEXIS POOLS, INC.



Principal Place of Business

3788 E. HIGHPOINT LANE  
INVERNESS FL 34452  
US

Mailing Address

3788 E. HIGHPOINT LANE  
INVERNESS FL 34452  
US

2. Principal Place of Business

3788 E. Highpoint Ln.  
Suite, Apt. #, etc.

3. Mailing Address

3788 E. Highpoint Ln.  
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Inverness FL

City & State

FL Inverness

4. FEI Number

14-1914411

Applied For

Not Applicable

Zip

34452

Country

CITRUS

Zip

34452

Country

CITRUS

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TIRRELL, SAMANTHA D  
3788 E. HIGHPOINT LANE  
INVERNESS FL 34452

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TIRRELL, DALE R	
STREET ADDRESS	3788 E. HIGHPOINT LANE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	TIRRELL, SAMANTHA D	
STREET ADDRESS	3788 E. HIGHPOINT LANE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	BK	<input type="checkbox"/> Delete
NAME	GARBART, CHERYL C	
STREET ADDRESS	3788 E. HIGHPOINT LANE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dale R. Tirrell	
STREET ADDRESS	3788 E. Highpoint Lane	
CITY-ST-ZIP	Inverness, FL 34452	
TITLE	PRES P, Tres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Samantha Tirrell	
STREET ADDRESS	3788 E. Highpoint Lane	
CITY-ST-ZIP	Inverness, FL 34452	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 with all other like empowered.

SIGNATURE: *Samantha D. Tirrell, Tres. Samantha D. Tirrell* 3/30/05 (352) 344-9447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #