

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # P08839

1. Entity Name
PADDOCK POOL EQUIPMENT CO., INC.



Principal Place of Business
**555 PADDOCK PARKWAY
PO BOX 11676
ROCK HILL, SC 29731**

Mailing Address
**PO BOX 11676
ROCK HILL, SC 29731 US**



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1467778

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

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	CTD
NAME	BAKER, WILLIAM H.
STREET ADDRESS	50 FAIRWAY RIDGE
CITY-ST-ZIP	CLOVER, SC
TITLE	SD
NAME	BAKER, MARLENE
STREET ADDRESS	50 FAIRWAY RIDGE
CITY-ST-ZIP	CLOVER, SC
TITLE	VD
NAME	BAKER, DONALD C.
STREET ADDRESS	8 PINE POINT
CITY-ST-ZIP	CLOVER, SC 29710
TITLE	V
NAME	GRAVES, C. E.
STREET ADDRESS	2245 RAVEN DR
CITY-ST-ZIP	ROCKHILL, SC
TITLE	PD
NAME	NIGRO, PAUL A
STREET ADDRESS	4229 WOOD FOREST DR
CITY-ST-ZIP	ROCK HILL, SC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/04-80050-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Paul A. NIGRO
President**

1/8/04 (803) 324-1111

Date

Daytime Phone #