FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED
11 JUN 22 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034B (1/11)

DOCUMENT # P10000044895

1. Entity Name
Bahama Waters Pool Services, Inc

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2. Principal Place of Business - No P.O. Box #
6343 Riverwalk Lane.
Suite, Apt. #, etc.
Unit 4
City & State
Jupiter, FL
Zip
33458
Country
US

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

4. FEI Number
27-2677436
☐ Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name
Gowrie Maharaj
Street Address (P.O. Box Number is Not Acceptable)
6343 Riverwalk Lane
Unit 4
City
Jupiter
FL
Zip Code
33458

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 _____ 6/19/11
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

E-mail Address:
E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE	Pres.
NAME	Gowrie Maharaj
STREET ADDRESS	6343 Riverwalk Lane Unit 4
CITY-ST-ZIP	Jupiter, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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6/23

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _____ 6/19/11 561-575-4908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #