

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # P10000044895	
1. Entity Name Bahama Waters Pool Services, Inc	

FILED

11 JUN 22 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box # 6343 Riverwalk Lane	3. Mailing Address Unit 4
Suite, Apt. #, etc. Jupiter, FL	Suite, Apt. #, etc. Jupiter, FL
City & State Jupiter, FL	City & State Jupiter, FL
Zip 33458	Country US

4. FEI Number 27-2677436	Applied For Not Applicable
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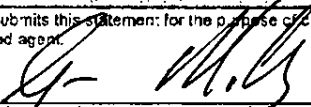
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent

Name Gowrie Maharaj
Street Address (P.O. Box Number is Not Acceptable) 6343 Riverwalk Lane
Unit 4
City Jupiter FL 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 

(NOTE: Registered Agent signature required when re-issuing)

DATE 6/19/11

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$560.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

E-mail Address:

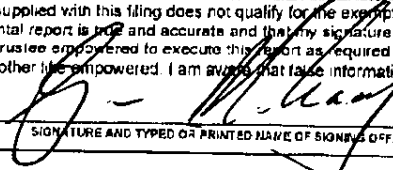
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Gowrie Maharaj 6343 Riverwalk Lane Unit 4 Jupiter, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE

6/19/11

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 information 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 6/19/11

Daytime Phone # 561-575-4908