

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90062 024 ***150.00

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1. Entity Name

ALL SEASONS POOL CARE, INC.



Principal Place of Business

15922 CYPRESS PARK DR.
WEST PALM BEACH FL 33414
US

Mailing Address

P.O. BOX 118
LOXAHATCHEE FL 33470
US

20012927



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

13326 Doubletree Circle

3. Mailing Address

Suite, Apt. #, etc.

City & State

Wellington FL

City & State

4. FEI Number

65-0488821

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERENCAK, TROY
15922 CYPRESS PARK DRIVE
WELLINGTON FL 33414

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

Troy Ferencak

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 PD ☐ Delete
NAME FERENCAK, TROY
STREET ADDRESS 15922 CYPRESS PARK DRIVE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE S ☐ Delete
NAME FERENCAK, TROY
STREET ADDRESS 15922 CYPRESS PARK RD
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Troy Ferencak TROY FERENCAK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-05 (561) 723-6266

Date

Daytime Phone #