


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90040 025 ***150.00

DOCUMENT # P94000045346	
1. Entity Name ARNOLD POOL AND GARDEN, INC.	

Principal Place of Business 5254 SATIVA DR LOXAHATCHEE FL 33470	Mailing Address 5254 SATIVA DR LOXAHATCHEE FL 33470
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24043426



MOORE CR2E034 (11/03)

2. Principal Place of Business 20438 59 th Lane N Suite, Apt. #, etc.	3. Mailing Address 20438 59 th Lane N Suite, Apt. #, etc.
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City & State Loxahatchee, FL	City & State Loxahatchee, FL	4. FEI Number 65-0502331	Applied For <input type="checkbox"/> Not Applicable
Zip FL 33470	Country USA	Zip 33470	Country USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARNOLD, KENDYL R 3461 NE 4TH AVE BOCA RATON FL 33431	7. Name and Address of New Registered Agent Name: ARNOLD, Kendyl R Street Address (P.O. Box Number is Not Acceptable) 20438 59 th Lane North City: Loxahatchee FL Zip Code: 33470
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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 Kendyl R. Arnold Signature, typed or printed name of registered agent and title if applicable.	DATE 4-12-04 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME ARNOLD, KENDYL R		NAME 20438 59 th Lane North	
STREET ADDRESS 3461 NE 4TH AVE		STREET ADDRESS Loxahatchee, FL	
CITY-ST-ZIP BOCA RATON FL 33431		CITY-ST-ZIP 33470	
TITLE V	<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME ARNOLD, DOUGLAS R		NAME 20438 59 th Lane North	
STREET ADDRESS 3461 NE 4TH AVE		STREET ADDRESS Loxahatchee, FL	
CITY-ST-ZIP BOCA RATON FL 33431		CITY-ST-ZIP 33470	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Kendyl R. Arnold Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/12/04 561-239-1374