

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000073042

1. Entity Name
 ABOVE & BEYOND POOL & SPA SERVICE, INC.



Principal Place of Business
 520 JUNG BOULEVARD W
 NAPLES, FL 34120 US

Mailing Address
 P.O. BOX 990375
 NAPLES, FL 34116

DO NOT WRITE IN THIS SPACE



03132004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0538890

Applied For
 Not Applicable

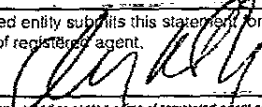
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWICK, WAYNE R.
 520 JUNG BOULEVARD WEST
 NAPLES, FL 34120

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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: 

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, 2004 Fee will be \$550.00

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

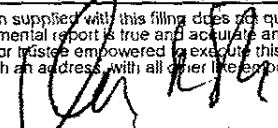
10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SWICK, WAYNE
STREET ADDRESS	520 JUNG BLVD. WEST
CITY-ST-ZIP	NAPLES, FL 33964
TITLE	VP
NAME	LENOX, JOHN B
STREET ADDRESS	520 JUNG BLVD. WEST
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000149604
 05/03/04-80193-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 lines empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-30-04 Daytime Phone #: 234 3520 55