


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000075854**

1. Entity Name  
**PRISTINE POOL SERVICES, INC.**



Principal Place of Business      Mailing Address

**6979 W. CALLE DEL PAZ**      **6979 W. CALLE DEL PAZ**  
**BOCA RATON, FL 33433**      **BOCA RATON, FL 33433**

**DO NOT WRITE IN THIS SPACE**



04272004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0528481**      Not Applicable

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

6. Name and Address of Current Registered Agent

**MINTZ, STEPHEN**  
**6979 W. CALLE DEL PAZ**  
**BOCA RATON, FL 33433**

**DO NOT WRITE IN THIS SPACE**

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 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	D
NAME	MINTZ, STEPHEN
STREET ADDRESS	6979 W. CALLE DEL PAZ
CITY - ST - ZIP	BOCA RATON, FL 3433
TITLE	D
NAME	MINTZ, CRISTINA E
STREET ADDRESS	6979 W. CALLE DEL PAZ
CITY - ST - ZIP	BOCA RATON, FL 3433
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000156015  
05/05/04-80060-013 150.00

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_