

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90016 048 ***150.00

DOCUMENT # P96000025331 1. Entity Name T & T POOL FINISHERS, INC.					
Principal Place of Business 44655 CLAY GULLAY RD MYAKKA CITY, FL 34251			Mailing Address 44655 CLAY GULLAY RD MYAKKA CITY, FL 34251		
2. Principal Place of Business Suite, Apt. #, etc. 44655 Clay Gullay Rd.		3. Mailing Address Suite, Apt. #, etc. 44655 Clay Gullay Rd.			
City & State 		City & State 			
Zip 		Country 		4. FEI Number 59-3374333	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent THOMPSON, JAIMIE 44655 CLAY GULLAY RD MYAKKA CITY, FL 34251			7. Name and Address of New Registered Agent 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 _____ 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST THOMPSON, JAIMIE R 44655 CLAY GULLAY RD MYAKKA CITY, FL 34251 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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)(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: <u>Jaimie Thompson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/7/04 9413228557 Date Daytime Phone #		