

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000064960

Entity Name: SKY BLUE POOL SERVICE INC.

FILED  
Jan 14, 2004  
Secretary of State

## Current Principal Place of Business:

7605 SANTEE TERRACE  
LAKE WORTH, FL 33467

## New Principal Place of Business:

8257 VIALE MATERA  
LAKE WORTH, FL 33467

## Current Mailing Address:

POST OFFICE BOX 4282  
BOYNTON BEACH, FL 334244282

## New Mailing Address:

FEI Number: 65-0676339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TUREY, JASON E  
7605 SANTEE TERRACE  
LAKE WORTH, FL 33467

## Name and Address of New Registered Agent:

TUREY, JASON E  
8257 VIALE MATERA  
LAKE WORTH, FL 33467

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.

SIGNATURE: JASON TUREY

01/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JASON E. TUREY,  
Address: 7605 SANTEE TERRACE  
City-St-Zip: LAKE WORTH, FL

Title: VP ( ) Delete  
Name: LYNN R. TUREY,  
Address: 7605 SANTEE TERRACE  
City-St-Zip: LAKE WORTH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TUREY, JASON E PRES  
Address: 8257 VIALE MATERA  
City-St-Zip: LAKE WORTH, FL 33467

Title: VP (X) Change ( ) Addition  
Name: TUREY, LYNN R  
Address: 8257 VIALE MATERA  
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN TUREY

VP

01/14/2004

Electronic Signature of Signing Officer or Director

Date