

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90010 033 ***150.00

DOCUMENT # P96000071407

1. Entity Name
POOL GODDESS, INC.



Principal Place of Business

**1107 SIOUX ST
JUPITER, FL 33458**

Mailing Address

**1107 SIOUX ST
JUPITER, FL 33458**

2. Principal Place of Business

1105 Sioux Street

3. Mailing Address

1105 Sioux Street

Suite, Apt. #, etc.

Jupiter FL

Suite, Apt. #, etc.

Jupiter FL

City & State

City & State

Zip **33458**

Country

Zip **33458**

Country

03032004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0688710

Applied For:

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**QUICK, DEANNA
1107 SIOUX ST
JUPITER, FL 33458**

7. Name and Address of New Registered Agent

Name **Deanna Beter**

Street Address (P.O. Box Number is Not Acceptable)

1105 Sioux Street

Jupiter FL 33458

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 **Deanna Beter**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents 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 **PVST** ☐ Delete
NAME **QUICK, DEANNA**
STREET ADDRESS **1107 SIOUX ST**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
NAME **Deanna Beter**
STREET ADDRESS **1105 Sioux Street**
CITY-ST-ZIP **Jupiter, FL 33458**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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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: **Deanna Beter**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-04

Date

Daytime Phone #