2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State
06-21-2005 90001 043 ***150.00
07-27-2005 90043 026 ***400.00

50057724

DOCUMENT # P96000088880

1. Entity Name
MITCHELL ALLISON POOLS, INC.

Principal Place of Business	Mailing Address
4667 ROTHSCHILD DRIVE CORAL SPRINGS, FL 33067	4667 ROTHSCHILD DRIVE CORAL SPRINGS, FL 33067

DO NOT WRITE IN THIS SPACE

04232005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0698152
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KLOMBERS, MITCHELL
4667 ROTHSCHILD DRIVE
CORAL SPRINGS, FL 33067

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KLOMBERS, MITCHELL
STREET ADDRESS	4667 ROTHSCHILD DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	S
NAME	KLOMBERS, PENNY
STREET ADDRESS	4667 ROTHSCHILD DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: ✓ Mitchell Klombers Mitchell Klombers 4/30/05 9546144324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

P96000088880

50057724

Back

40088808 1831

MITCHELL ALLISON POOLS, INC.
DBA COMPLETE POOLS
4667 ROTHSCHILD DR.
CORAL SPRINGS, FL 33067

DATE 4/30/05 63-8376-2670

PAY TO THE ORDER OF FL DEPT. OF STATE $150 xx/00

ONE HUNDRED FIFTY xx/00 DOLLARS

BANKATLANTIC
NORTH CORAL SPRINGS #1024
4695 N. UNIVERSITY DR
CORAL SPRINGS FL 33067

FOR CORP ANNUAL REPT.

⑈001831⑈ ⑆267083763⑆ 0055544058⑈ ⑈0000015000⑈

D=20850623 T=011840282
R=09 B=008 P=00

BANK OF AMERICA NA JAX
05/22/05
5740180280

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1009006706

JUN 21 2005