2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Apr 23, 2004 8:00 am Secretary of State DOCUMENT # P96000101357 1. Entity Name 04-23-2004 90194 043 \*\*\*150.00 FLORIDA POOLS & SPAS, INC. Principal Place of Business Mailing Address 5978 BAY HILL CIRCLE 5978 BAY HILL CIRCLE LAKE WORTH FL 33463 LAKE WQBIHFL 33463 2. Principal Place of Business 3300S. Congress 300 S. Conquess Aue Suite Apt. #, etc. CR2E034 (11/03) MOORE 4. FEI Number Applied For 65-0714791 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VIGGIANI, JAMES V 5978 BAY HILL CIRCLE Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33463 Congress Ave Zip Code 33426 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Viggiani, James V. 3300 S. Congress Ave #2 Change ☐ Addition VIGGIANI, JAMES V. NAME NAME 5978 BAY HILL CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP VP ☐ Delete TITLE ☐ Change Addition SARACENO, DANIEL NAME NAME STREET ADDRESS 1105 SW 13TH DRIVE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33486** CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

FILED