

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000005117 1. Entity Name FLORIDA POOL ENCLOSURES, INC.	
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Principal Place of Business 929 HICKORY STREET ALTAMONTE SPRINGS, FL 32701 US	Mailing Address P O BOX 521136 LONGWOOD, FL 32752 US
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03112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3420005	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DELAHOZ, MIKE 1761 STANLEY LONGWOOD, FL 32750	DO NOT WRITE IN THIS SPACE
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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 file 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DELAHOZ, NYDIA 395 BERNARD STREET LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELAHOZ, MIKE 1761 STANLEY LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELAHOZ, MIGUEL 395 BERNARD STREET LONGWOOD, FL 32750
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**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: Michael Delahoz 4-6-04 407-260-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #