

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # P97000022566

1. Entity Name

MADELINE'S POOL STORE, INC.



Principal Place of Business

**6913 SHELDON ROAD
TAMPA, FL 33615 US**

Mailing Address

**9002 W. NORFOLK ST.
TAMPA, FL 33615 US**



01102004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3434070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCMORROW, MADELINE
9002 W NORFOLK ST
TAMPA, FL 33615**

**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

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
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 PD
NAME MCMORROW, MADELINE
STREET ADDRESS 9002 W. NORFOLK STREET
CITY-STATE-ZIP TAMPA, FL 33615

TITLE S
NAME MCMORROW, JOHN F.
STREET ADDRESS 8906 W. FLORA STREET
CITY-STATE-ZIP TAMPA, FL 33615

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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01/15/04-80049-002 150.00

**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:

John F. McMorrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/04

Date

813-884-5836

Daytime Phone #