

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90027 029 ***150.00

DOCUMENT # P97000047056

1. Entity Name
IMPERIAL POOLS, INC.



Principal Place of Business
**2590 17TH STREET
SUITE D
SARASOTA, FL 34234 US**

Mailing Address
**2590 17TH STREET
SUITE D
SARASOTA, FL 34234 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0756814

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RISSLER, ISAAC Z
525 TARPON AVE
SARASOTA, FL 34237**

Name

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

5428 ARUBA PLACE

City

FL

Zip Code
34233

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **RISSLER, ISAAC Z**
STREET ADDRESS **525 TARPON AVE.**
CITY-ST-ZIP **SARASOTA, FL 34237**

TITLE ☐ Change ☐ Addition
NAME **5428 Aruba Place**
STREET ADDRESS **34233**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **RISSLER, DONNA J**
STREET ADDRESS **525 TARPON AVE.**
CITY-ST-ZIP **SARASOTA, FL 34237**

TITLE ☐ Change ☐ Addition
NAME **5428 Aruba Place**
STREET ADDRESS **34233**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **RYAN, KELLY D**
STREET ADDRESS **3315 GOCIO ROAD**
CITY-ST-ZIP **SARASOTA, FL 34235**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Donna J. Rissler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-04

Date

941 953-7959

Daytime Phone #