

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050992

Entity Name: T.C. POOL SERVICE, INC.

FILED  
Mar 24, 2004  
Secretary of State

## Current Principal Place of Business:

6620 CLEVELAND STREET  
HOLLYWOOD, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

6620 CLEVELAND STREET  
HOLLYWOOD, FL 33024

## New Mailing Address:

FEI Number: 65-0760344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WISLICENY, RICHARD  
6620 CLEVELAND STREET  
HOLLYWOOD, FL 33024

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: WISLICENY, RICHARD  
Address: 6620 CLEVELAND STREET  
City-St-Zip: HOLLYWOOD, FL 33024

Title: DVT ( ) Delete  
Name: WISLICENY, CECELIA  
Address: 6620 CLEVELAND STREET  
City-St-Zip: HOLLYWOOD, FL 33024

Title: D ( ) Delete  
Name: MERBB, DARREN  
Address: 1214 SE 10 TERR  
City-St-Zip: DEERFIELD BEACH, FL 33441

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MERLOB, DARREN  
Address: 9520 BARLETTA WINDS POINT  
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECELIA WISLICENY

V

03/24/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date