


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000055439	
1. Entity Name FLORIDA SPA COVERS & VINYL SPECIALTIES, INC.	

Principal Place of Business 13257 60TH ST N CLEARWATER, FL 33760 US	Mailing Address 13257 60TH ST N CLEARWATER, FL 33760 US
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07232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3453992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGFORD & HILL PA
1715 W CLEVELAND ST
TAMPA, FL 33601

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD JONES, CATHY L 13257 60TH ST N CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JONES, CATHY L 13257 60TH ST N CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRAYTON, FLORENCE G 5015 W WATERS AVE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, JACK D 13257 60TH ST N CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000168435
07/26/04-80013-016 150.00

**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: Cathy L Jones 7/22/04 727-535-8282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #