

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90006 019 ***150.00

DOCUMENT # P97000064084

1. Entity Name

EI SWIM CARE, INC.



Principal Place of Business

2511 NORTHEAST 45TH STREET
LIGHTHOUSE POINT FL 33064

Mailing Address

2511 NORTHEAST 45TH STREET
LIGHTHOUSE POINT FL 33064

54032074

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fernandina Beach FL

City & State

Fernandina Beach FL

Zip

32034

Country

USA

Zip

32034

Country

USA

4. FEI Number

65-0775106

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EI, WILLIAM W
2511 NORTHEAST 45TH STREET
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name EI William W (same)
Street Address (P.O. Box Number is Not Acceptable)
2130 Laura Leigh Ct.
City Fernandina Beach FL Zip Code 32034

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME EI, WILLIAM W
STREET ADDRESS 2130 LAURA LEIGH CT.
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE D ☐ Delete
NAME EI, BONNIE A
STREET ADDRESS 2130 LAURA LEIGH CT.
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE D ☐ Delete
NAME EI, JEFFREY B
STREET ADDRESS 2130 LAURA LEIGH CT.
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: Bonnie Ei Bonnie Ei

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

904-321-4292

Daytime Phone #