2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 01, 2004 8:00 am Secretary of State DOCUMENT # P97000072722 1. Entity Name 03-01-2004 90044 028 ***150 00 G & S POOL SUPPLY, INC. Principal Place of Business Mailing Address 5905 53RD ST E 5905 53RD ST E アスススペット BRADENTON, FL 34203 BRADENTON, FL 34203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied Far 65-0779110 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GELUSO, GARY V Street Address (P.O. Box Number is Not Acceptable) 5905 53RD ST E BRADENTON, FL 34203 City Zip Code 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 DATE ne of registered agent and title it applicable (NOTE: Registered Agent signalure required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change Addition NAME GELUSO, GARY V NAME STREET ADDRESS 4529 51ST ST E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34203 TITLE ☐ Delete TITLE ☐ Change Addition GELUSO, JOAN E NAME NAME 4529 51ST ST E STREET ADDRESS STREET ADDRESS BRADENTON, FL 34203 CITY-ST-ZIP CITY-ST-ZIP Delete -☐ Change - Addition TITLE . TITLE-GELUSO, MINDY L NAME NAME STREET ADDRESS 4529 51ST ST E STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34230 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME GELUSO, GARY W NAME STREET ADDRESS STREET ADDRESS 4529 51ST ST E BRADENTON, FL 34203 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all

SIGNATURE:

FILED