


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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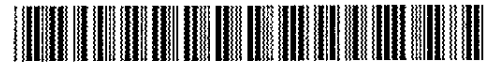
1. Entity Name
BLUE CHIP POOL SERVICE, INC.



Principal Place of Business
 10972 NORTHWEST 1ST MANOR
 CORAL SPRINGS, FL 33071

Mailing Address
 10972 NORTHWEST 1ST MANOR
 CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0783790

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

YURAN, HAROLD
 10972 NW 1 MA
 CORAL SPRINGS, FL 33071

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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
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD YURAN, HAROLD B 10972 NORTHWEST 1ST MANOR CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP YURAN, RYAN A 10972 NORTHWEST 1ST MANOR CORAL SPRINGS, FL 33071
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 04/12/04-80050-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Harold Yuran **Harold Yuran** **X** **4/9/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #