


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90219 014 ***150.00

DOCUMENT # P97000078248

1. Entity Name
NO PROBLEM POOLS & SPAS, INC.



Principal Place of Business Mailing Address

**8201 MANGROVE LN
GREEN COVE SPRINGS FL 32043
US** **2201 MANGROVE LANE
GREEN COVE SPRINGS FL 32043
US**



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

1031 Blanding BLVD. **1031 Blanding BLVD.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

1031 BLANDING Blvd Suite 401 **1031 Blanding Blvd**

City & State City & State

Orange Park FL **Orange Park FL**

Zip Country Zip Country

32065 **FL** **32065** **FL**

4. FEI Number Applied For

59-3466923 Not Applicable

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

6. Name and Address of Current Registered Agent

**PETTY, THERESA G
2201 MANGROVE LANE
GREEN COVE SPRINGS FL 32043**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	PETTY, THERESA G	
STREET ADDRESS	1255 CHAFFEE RD SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETTY, GEORGE R	
STREET ADDRESS	1255 CHAFFEE RD SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Gregory, Robert	
STREET ADDRESS	2555 Moody Rd.	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Theresa G. Petty* THERESA G. PETTY 4-27-04 904-298-0050

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