

2006, FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000108335 1. Entity Name CRAFTMASTER CUSTOM POOLS, INC.					
Principal Place of Business 360 NE 4TH ST DELRAY BEACH FL 33483 US			Mailing Address 360 NE 4TH ST DELRAY BEACH FL 33483 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0801083	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIDOLFO, PHILLIP T JR, ESQ ONE NORTH CLEMATIS STREET #500 WEST PALM BEACH FL 33401				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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	D	☐ Delete			
NAME	REARDON, THOMAS C				
STREET ADDRESS	360 NE 4TH ST				
CITY- ST- ZIP	DELRAY BEACH FL 33483				
TITLE		☐ Delete			
NAME					
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STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Add					
000000467993 03/24/06-80012-009 150.00					
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Add					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 changed, or on an attachment with an address, with all other life empowered					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					