

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90029 023 ***150.00

DOCUMENT # P98000017694

1. Entity Name
J.D. POOL WORKS, INC.



Principal Place of Business

**708 SANDPIPER LN
NOKOMIS, FL 34275**

Mailing Address

**708 SANDPIPER LN
NOKOMIS, FL 34275**

50009079



2. Principal Place of Business

1011 TAMiami TRAIL S.
Suite, Apt. #, etc.

3. Mailing Address

1011 TAMiami TRAIL
Suite, Apt. #, etc.

01032005 Chg-P CR2E034 (10/03)

City & State

Nokomis FL

City & State

Nokomis FL

4. FEI Number

65-0815181

Applied For

Not Applicable

Zip

34275

Country

USA

Zip

34275

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MONAHAN, MICHAEL W
2033 WOOD STREET STE 215
SARASOTA, FL 34237**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DINEEN, JAMES W**
STREET ADDRESS **708 SANDPIPER LN**
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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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 **P/D** ☒ Change ☐ Addition
NAME **DINEEN, JAMES W.**
STREET ADDRESS **708 SANDPIPER LN**
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE **S/D** ☐ Change ☒ Addition
NAME **JENNIFER DINEEN**
STREET ADDRESS **708 SANDPIPER LN**
CITY-ST-ZIP **NOKOMIS, FL 34275**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

JAMES W. DINEEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05 941-966-6121
Date Daytime Phone #