

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90196 017 ***158.75

DOCUMENT # P98000076275

1. Entity Name
PRECISION POOL SUPPLY, INC.



Principal Place of Business
**306B ANGLER DRIVE N
MARATHON, FL 33050**

Mailing Address
**306B ANGLER DRIVE N
MARATHON, FL 33050**

2. Principal Place of Business
421 110th St Ocean
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 500354
Suite, Apt. #, etc.

14004884



03282005 Chg-P CR2E034 (10/03)

City & State
Marathon, FL
Zip
33050
Country
Monroe.

City & State
Marathon, FL
Zip
33050
Country
Monroe.

4. FEI Number
65-0860948
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BARBERA, BARBARA
306B ANGLER DR NORTH
MARATHON, FL 33050**

7. Name and Address of New Registered Agent

Name
YALICET TORNA
Street Address (P.O. Box Number is Not Acceptable)
421 - 110th St Ocean
City
Marathon FL Zip Code
33050

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)

4/26/05
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
BARBERA, BARBARA
STREET ADDRESS
306B ANGLER DR NORTH
CITY-ST-ZIP
MARATHON, FL 33050

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
Yalacet Torna ☐ Change ☒ Addition
NAME
P.O. Box 500354
STREET ADDRESS
Marathon, FL 33050
CITY-ST-ZIP

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: **Yalacet Torna**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 **305-481-5327**
Date Daytime Phone #