

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2004 8:00 am**  
**Secretary of State**

06-10-2004 90001 045 \*\*\*150.00

**DOCUMENT # P99000039225**

1. Entity Name  
**ABOVE & BEYOND POOL SERVICE, INC.**



Principal Place of Business  
**21803 LINWOOD WY  
BOCA RATON, FL 33433 US**

Mailing Address  
**21803 LINWOOD WY  
BOCA RATON, FL 33433 US**

**54057002**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06082004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**65-0939185**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CACCAVELLA, MICHAEL A  
21803 LINWOOD WY  
BOCA RATON, FL 33433**

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P / SOLE DIRECTOR** ☐ Delete  
NAME **CACCAVELLA, MICHAEL A**  
STREET ADDRESS **21803 LINWOOD WY**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

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

TITLE **V** ☒ Delete  
NAME **LEE, JENNIFFER**  
STREET ADDRESS **21803 LINWOOD WY**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/7/04**  
Date

**(561) 417-0450**  
Daytime Phone #

Attachment

June 8/04 54057002

# P9900039225

to whom it may concern,

I am sending a replacement check for check # 2560.

Because I called examiners office to see why in Bankstatement this check never cleared and a Ms. Ruby Dunlope said it wasn't reviewed. I double checked with the Bank and it never cleared. There was also

Some other checks to other people that also never got payment and I was missing some payments to me.

The only thing that I could think of is there was a problem with some of the mail due to the fact that at the beginning of May some of my neighbors and I found

our mail boxes open and some mail all over the ground. We since had all of our mail boxes changed which can be verified. MS Dunlope said write a note of explanation tell them I said to tell over