


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90055 024 \*\*\*158.75

<b>DOCUMENT # P99000080366</b>	
1. Entity Name MCCUEN POOL SERVICE, INC.	

Principal Place of Business 1521 S.W. 13TH ST. BOCA RATON, FL 33486	Mailing Address 1521 S.W. 13TH ST. BOCA RATON, FL 33486
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54029252

2. Principal Place of Business 4268 Frances Dr.	3. Mailing Address 4268 Frances Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01092004 Chg-P CR2E034 (10/03)

City & State Delray Beach, FL	City & State Delray Beach FL
Zip 33445	Zip 33445
Country USA	Country USA

4. FEI Number 65-0889776	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MEYER, DONALD E 1521 S.W. 13TH ST. BOCA RATON, FL 33486	
7. Name and Address of New Registered Agent	
Name Donald E Meyer	
Street Address (P.O. Box Number is Not Acceptable) 4268 Frances Dr.	
City Delray Beach	FL Zip Code 33445

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 <i>Donald E. Meyer</i>	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MEYER, DONALD E 1521 SW 13TH ST BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Meyer, Donald E 4268 Frances Dr Delray Beach, FL 33445 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEYER, YANE A 1521 SW 13TH ST BOCA RATON, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jane A. Meyer 4268 Frances Dr Delray Beach FL 33445 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John C. Meyer 4268 Frances Dr Delray Beach, FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Jane A Meyer</i>	4/6/04	561-865-9940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		