


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90036 038 \*\*\*150.00

<b>DOCUMENT # P99000103202</b>	
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1. Entity Name  
AQUAMAN POOL SERVICE, INC.

Principal Place of Business  
5562 CALMONA PL  
SARASOTA, FL 34238

Mailing Address  
5562 CALMONA PL  
SARASOTA, FL 34238

2. Principal Place of Business  
**5125 CHATEAU CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**5125 CHATEAU CT**  
Suite, Apt. #, etc.



03232004 Chg-P CR2E034 (10/03)

City & State  
**SARASOTA, FL**  
Zip **34238** Country

City & State  
**SARASOTA, FL**  
Zip **34238** Country

4. FEI Number  
65-0969072  
Applied For  
Not Applicable

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

ROTONDO, ENRICO  
5562 CARMONA PL  
SARASOTA, FL 34238

Name

Street Address (P.O. Box Number is Not Acceptable)

**5125 CHATEAU CT**

City **SARASOTA**

FL

Zip Code **34238**

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, 2004 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 **ROTONDO, ENRICO**  
STREET ADDRESS **571 BIRDIE LANE**  
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☒ Change ☐ Addition  
NAME **5125 CHATEAU CT**  
STREET ADDRESS **SARASOTA, FL 34238**  
CITY-ST-ZIP

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

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

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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: ✓ *Enrico Rondo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/12/04*

Date

*941-927-4665*

Daytime Phone #