

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000105211

1. Entity Name
CLEAR REFLECTION POOL SERVICE, INC.



Principal Place of Business
**2504 AMHERST COURT
BOYNTON BEACH, FL 33436**

Mailing Address
**2504 AMHERST COURT
BOYNTON BEACH, FL 33436**



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0965483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CUCINOTTA, JAMES
2504 AMGERST COURT
BOYNTON BEACH, FL 33436**

**DO NOT WRITE
IN THIS SPACE**

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**

**000000116175
04/16/04-80053-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUCINOTTA, JAMES
STREET ADDRESS	2504 AMHERST COURT
CITY-ST-ZIP	BOYNTON BEACH, FL 33436

TITLE	D
NAME	CUCINOTTA, DOROTHY
STREET ADDRESS	2504 AMHERST COURT
CITY-ST-ZIP	BOYNTON BEACH, FL 33436

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dorothy Cucinotta **DOROTHY CUCINOTTA** 4/14/04 760 719-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #