

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90006 026 ***150.00

DOCUMENT # P99000109253

1. Entity Name

BAYSIDE POOL SERVICE OF NAPLES, INC.



Principal Place of Business

4320
15TH AVE SW
NAPLES FL 34116

Mailing Address

4320
15TH AVE SW
NAPLES FL 34116

2. Principal Place of Business

Lakes Blvd
1367 Wildwood

3. Mailing Address

Lakes Blvd
1367 Wildwood Lakes Blvd

Suite, Apt. #, etc.

Apt # 1

Suite, Apt. #, etc.

Apt # 1

City & State

Naples FL

City & State

Naples FL

Zip

34104-6468

Country

USA

Zip

34104-6468

Country

USA

6. Name and Address of Current Registered Agent

PASTORE, PHIL
4320 15TH AVE SW
NAPLES FL 34116

7. Name and Address of New Registered Agent

Name *Phil Pastore*

Street Address (P.O. Box Number is Not Acceptable) *1367 Wildwood Lakes Blvd*

Apt 1

City *Naples*

FL

Zip Code *34104-6468*

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PASTORE, PHIL**
STREET ADDRESS **1790 HUMMINGBIRD COURT**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

Phil Pastore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.3.04

Date

1-239-253-9823

Daytime Phone #