

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90513 005 \*\*\*150.00

**DOCUMENT # S58951**

1. Entity Name

STARLITE POOLS AND SPAS, INC.



Principal Place of Business

3703 16TH AVENUE EAST  
PALMETTO FL 34221  
US

Mailing Address

3703 16TH AVENUE EAST  
PALMETTO FL 34221  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Name and Address of Current Registered Agent

WALLACE, JAMES M.  
420 OLD MAIN ST W  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

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 \$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 D ☐ Delete  
NAME HAGGARD, BOB R.  
STREET ADDRESS 5112 3RD AVE DR NW  
CITY- ST- ZIP BRADENTON FL

TITLE D ☐ Delete  
NAME HAGGARD, DIANE L.  
STREET ADDRESS 5112 3RD AVE DR NW  
CITY- ST- ZIP BRADENTON FL

TITLE V ☐ Delete  
NAME HURST, ROBERT-T.  
STREET ADDRESS 2903 51ST AVE TERR W  
CITY- ST- ZIP BRADENTON FL 34210

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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

Date

Daytime Phone #

66423139



MOORE

CR2E034 (11/03)

4. FEI Number

65-0264165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

5/13/04 941-722-6893