


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

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| DOCUMENT # V01802 |  |
| 1. Entity Name POOLS BY MARLENE, INC. | |

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| Principal Place of Business 2042 CARNES STREET ORANGE PARK, FL 32073 | Mailing Address 2042 CARNES STREET ORANGE PARK, FL 32073 |
|--|--|

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

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|--|-------------------------------|
| 4. FEI Number 59-3098969 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

PEPER, RICHARD C. JR.
3030 HARTLEY ROAD
SUITE 300
JACKSONVILLE, FL 32257

**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BEEDE, ROWLAND P. 5175 PONDVIEW DRIVE JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD BEEDE, CLIFFORD L. 5159 PONDVIEW DRIVE JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/13/04-80048-018 150.00

**DO NOT WRITE
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: Rowland P. Beede Rowland P. Beede 1-9-04 904-264-0296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #