

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90022 039 ***150.00

DOCUMENT # V16282

1. Entity Name

SUMMER SUN POOLS OF WINTER HAVEN, INC.



Principal Place of Business

~~941 OLEANDER DR~~
WINTER HAVEN FL 33880

Mailing Address

PO BOX 342
WINTER HAVEN FL 33882

2. Principal Place of Business

2300 Backeye Loop Rd
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Winter Haven, Fla

City & State

Same

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEAN, MIKE
~~941 OLEANDER DR~~
~~WINTER HAVEN FL 33880~~

7. Name and Address of New Registered Agent

Name: *Dean Mike*
Street Address (P.O. Box Number is Not Acceptable)
2300 Backeye Loop Rd
Winter Haven
City *Winter Haven* FL Zip Code *33881*

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

Mike Dean
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEAN, MIKE
~~941 OLEANDER DR~~
WINTER HAVEN FL 33880 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Mike Dean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04
Date

863-287-7969
Daytime Phone #