
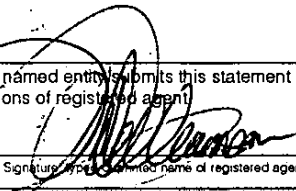
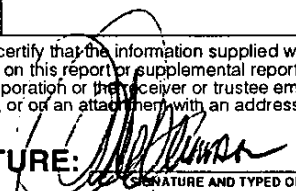


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90339 026 \*\*\*150.00

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # V18669</b>   |  |    |   |
| 1. Entity Name<br><b>CARED FOR POOLS, INC.</b>   |  |   |   |
| Principal Place of Business<br><b>17859 NW 78TH AVE<br/>MIAMI FL 33015<br/>US</b>  |  | Mailing Address<br><del><b>P.O. BOX 170062<br/>MIAMI FL 33017<br/>US</b></del>  |   |
| 2. Principal Place of Business   |  | 3. Mailing Address<br><b>P.O. Box 9002</b>  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |
| City & State<br><b>JUPITER, FL</b>   |  | City & State<br><b>JUPITER, FL</b>  |   |
| Zip<br><b>33468-9002</b>   | Country<br><b>US</b>   | Zip<br><b>33468-9002</b>  | Country<br><b>P. Beach</b>  |
| 6. Name and Address of Current Registered Agent<br><b>WILLIAMSON, LAWRENCE E.<br/>17137 WATERBEDD DR #202<br/>JUPITER FL 33477</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br><b>LAWRENCE E. WILLIAMSON, SR.</b><br>SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: <b>4/21/05</b>   |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DP<br>WILLIAMSON, LAWRENCE SR<br>17137 WATERBEND DR #202<br>JUPITER FL 33477 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | V<br>WILLIAMSON, JUDITH A<br>17137 WATERBEND DR. #202<br>JUPITER FL 33477 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | V<br>DOUGLAS, WILLIAMSON<br>621 N.W 89TH TERR<br>PEMBROKE PINES FL 33024 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | S<br>LAWRENCE WILLIAMSON, JR.<br>11891 SW 49TH CT.<br>COOPER CITY FL 33330 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>LAWRENCE E. WILLIAMSON, SR.</b>  |  | Date: <b>4/21/05</b> 305/496-4046   |   |

00040675



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0320723** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**