

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # V28971

1. Entity Name
ALPINE POOLS & SPAS, INC.



Principal Place of Business
1101 N PAUL DR
INVERNESS, FL 34453 US

Mailing Address
P O BOX 176
HERNANDO, FL 34442 US



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3116943

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EKKER, RAY
1227 LOWELL TERR.
INVERNESS, FL 34452

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

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

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
P
PIPPIN, ROBERT
1414 N. LAKESHORE DR.
LUDINGTON, MI 49431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
EKKER, RAY
1227 LOWELL TER
INVERNESS, FL 34452

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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01/09/04-80006-023 150.00

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

RAY EKKER

1/6/04 352-860-1235

Date

Daytime Phone #