


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90022 050 ***158.75

DOCUMENT # V38851 1. Entity Name SOS POOL SERVICE INCORPORATED					
Principal Place of Business 5715 VIRGINIA AVE NEW PORT RICHEY, FL 34652				Mailing Address P.O. BOX 1042 PALM HARBOR, FL 34682	
2. Principal Place of Business 7532 TURTLE BROOK LN. Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State NEW PORT RICHEY, FL Zip 34655 Country USA				City & State City Zip	
4. FEI Number 59-3127521				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				03242004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MUSZYNSKI, FLORIAN J. 5715 VIRGINIA AVE NEW PORT RICHEY, FL 34652				7. Name and Address of New Registered Agent Name ERIC SEYMOUR Street Address (P.O. Box Number is Not Acceptable) 7532 TURTLE BROOK LN. City NEW PORT RICHEY FL Zip Code 34655	
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 <i>Marilyn A. Muszynski</i> only living spouse 3/30/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUSZYNSKI, FLORIAN J. 5715 VIRGINIA AVE NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T, D TINA M. SEYMOUR 7532 TURTLE BROOK LN. NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEYMOUR, ERIC 7532 TURTLE BROOK LN NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUSZYNSKI, MARILYN A. 5715 VIRGINIA AVE NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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: <i>Eric L. Seymour</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/30/04 Daytime Phone # 727 457-0511		

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