


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90071 033 \*\*\*150.00

DOCUMENT # 648020			
1. Entity Name POOL CONTROL, INC.			
Principal Place of Business 2405-1 US HIGHWAY 27-441 FRUITLAND PARK FL 34731		Mailing Address 2405-1 US HIGHWAY 27-441 FRUITLAND PARK FL 34731	
2. Principal Place of Business 2191 US Hwy 441 Suite, Apt. #, etc. Fruitland Park		3. Mailing Address 2191 US Hwy 441 Suite, Apt. #, etc.	
City & State FL		City & State Fruitland Park	
Zip 34731	Country USA	Zip FL	Country 34731



MOORE CR2E034 (11/03)

4. FEI Number 59-1955578		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, TERRY 37039 SHALIMER FRUITLAND PARK FL 34731		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 415 Carman Drive City Leesburg FL Zip Code 34748	
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>X Terry W. Miller P.S.T.D.</i> (NOTE: Registered Agent signature required when reinstating.) DATE <i>X 3-12-04</i>			

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADSERBALLE, JUDITH 4839 SE 112ST ROAD BELLEVIEW FL 34420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MILLER, TERRY 415 CARMAN DRIVE LEESBURG FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *X Terry W. Miller* (NOTE: Registered Agent signature required when reinstating.) DATE: *X 3-12-04* DAYTIME PHONE #: *352-326-0600*