## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000027888

City-St-Zip:

SPRING HILL, FL 34609

FILED Aug 06, 2004 Secretary of State

| Entity Na  | me: SPLISH                                    | I SPLASH POOLS SUPPLIES, IN   | NC.   |  |  |
|--|---|---|---|--|--|
| Current Principal Place of Business:                   |   |   | New Principal Place                         | New Principal Place of Business:             |  |
| 1930 U.S.<br>HOLIDAY,                                  | 19 N. PAPPA<br>FL 34691                       | AS PLAZA  |   |  |  |
| Current Mailing Address:                               |   |   | New Mailing Address                         | New Mailing Address:                         |  |
|  | 19 N. PAPP/<br>FL 34691                       | AS PLAZA  |   |  |  |
| FEI Number   | : 59-3633077                                  | FEI Number Applied For()  | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and |   |   |   | d Address of New Registered Agent:           |  |
| ROSARIO<br>1930 U.S.<br>HOLIDAY,                       | 19 N. PAPP                                    | AS PLAZA  |   |  |  |
|  | e named entit<br>e of Florida.                | y submits this statement for the p  | ourpose of changing its registered          | d office or registered agent, or both,       |  |
| SIGNATU  | RE:   |   |   |  |  |
|  | Electr  | onic Signature of Registered Age  | ent   | Date   |  |
|  |   | 193(2)(b), F.S., the corporation did no<br>ing Trust Fund Contribution(). | ot receive the prior notice.                |  |  |
| OFFICERS AND DIRECTORS:                                |   |   | ADDITIONS/CHANGI                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:            | STABILE, RC<br>8019 EMBAS                     | ( ) Delete<br>OSARIO<br>SSY BOULEVARD<br>SY, FL 34668                     | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:            | T<br>CUSENZA, S<br>2431 PINETT<br>HOLIDAY, FL | A COURT   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:                            | STABILE, LIS                                  | (X) Delete<br>SA M<br>NNADO DRIVE   | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROSARIO STABILE Ρ 08/06/2004