2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90720 048 ***150.00

DOCUMENT # P02000090012

1. Entity Name
HOMETOWN POOLS OF BROWARD, INC.

Principal Place of Business	Mailing Address
8061 W MCNAB RD TAMARAC, FL 33321	P.O. BOX 292334 DAVIE, FL 33329

03142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8333 W. McNab Rd	
Suite, Apt. #, etc. Ste #127	Suite, Apt. #, etc.
City & State Tamarac, FL	City & State
Zip 33321 Country USA	Zip Country

4. FEI Number 52-2373843 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BELISLE, RONALD
8061 W MCNAB RD
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

Name Ronald Belisle
Street Address (P.O. Box Number is Not Acceptable) 8333 W. McNab Rd #127
City Tamarac FL Zip Code 33321

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 X [signature] 4-12-04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELISLE, RON P.O.BOX 292334 DAVIE, FL 33329	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELINDA, BELISLE P.O. BOX 292334 DAVIE, FL 33329	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 [signature] Ronald G. Belisle 4/12/04 954 7260641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #