

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132471

FILED
Feb 17, 2005
Secretary of State

Entity Name: CAPITAL POOLS & SPAS INC

Current Principal Place of Business:

5002 W. LINEBAUGH AVE
STE F
TAMPA, FL 33624

New Principal Place of Business:

5002 W. LINEBAUGH AVE
SUITE F
TAMPA, FL 33624

Current Mailing Address:

5002 W. LINEBAUGH AVE
STE F
TAMPA, FL 33624

New Mailing Address:

5002 W. LINEBAUGH AVE
SUITE F
TAMPA, FL 33624

FEI Number: 16-1646076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAUFFER, ROBERT R
5002 W. LINEBAUGH AVE, STE F
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

WILSON, ARTHUR
5002 W. LINEBAUGH AVE
SUITE F
TAMPA, FL 33624 US

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.

SIGNATURE: ARTHUR WILSON

02/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STAUFFER, ROBERT R
Address: 5002 W. LINEBAUGH AVE, STE F
City-St-Zip: TAMPA, FL 33624

Title: S () Delete
Name: RODGERS, CHRISTOPHER
Address: 5002 W. LINEBAUGH AVE, STE F
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILSON, ARTHUR
Address: 5002 W. LINEBAUGH AVE, SUITE F
City-St-Zip: TAMPA, FL 33624

Title: S (X) Change () Addition
Name: RODGERS, CHRISTOPHER
Address: 5002 W. LINEBAUGH AVE, SUITE F
City-St-Zip: TAMPA, FL 33624

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.

SIGNATURE: ARTHUR WILSON

P

02/17/2005

Electronic Signature of Signing Officer or Director

Date