
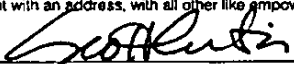


FILED
Mar 21, 2005 8:00 am
Secretary of State

02-02-2005 90057 026 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000112214 1. Entity Name ROYAL PALM POOLS, INC.		
Principal Place of Business 12779 69TH STREET NORTH WEST PALM BEACH, FL 33412 US		Mailing Address 12779 69TH STREET NORTH PALM BEACH GARDENS, FL 33412 US
2. Principal Place of Business 16333 TEMPLE BOULEVARD Suite, Apt. #, etc.		3. Mailing Address 16333 TEMPLE BOULEVARD Suite, Apt. #, etc.
City & State LOXAHATCHEE, FLORIDA		City & State LOXAHATCHEE, FLORIDA
Zip 33470		Zip 33470
Country Palm Beach		Country Palm Beach
5. Certificate of Status Desired <input type="checkbox"/>		FEI Number 27-0118077
\$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent CURTIS, SCOTT M 12779 69TH STREET NORTH PALM BEACH GARDENS, FL 33412		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16333 TEMPLE BOULEVARD City LOXAHATCHEE FL Zip Code 33470
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
\$5.00 May Be Added to Fees		DATE
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CURTIS, SCOTT M 12779 69TH STREET NORTH PALM BEACH GARDENS, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CURTIS, CAROL L 12779 69TH STREET NORTH PALM BEACH GARDENS, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 		Date 1-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 561-798-3111

66006354



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