2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 14, 2004 08:00 AM **DOCUMENT # P96000032738** Secretary of State Entity Name DON'S POOL MAINTENANCE, INC. Principal Place of Business Mailing Address 3818 FLORIDA BLVD 3818 FLORIDA BLVD PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 01232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0668899 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RICHARDS, DONALD G DO NOT WRITE 3818 FLORIDA BLVD LAKE PARK, FL 33410 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE RICHARDS, DONALD G NAME 3818 FLORIDA BLVD STREET ADDRESS U00000051824 02/16/04-80068-005 150.00 CITY-ST-ZIP LAKE PARK, FL 33410 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 or an attachment with an address, with all other like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Donald D. Ruharde

2/12/04 561-626-6644

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR