

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


06-29-2005 90002 020 ***150.00
P98000014882

FILED

05 JUL 14 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50059043

DOCUMENT # P98000014882
1. Entity Name
FUSION POOL TREATMENT, INC.



Principal Place of Business 7420 NW 35TH STREET LAUDERHILL, FL 33319	Mailing Address 7420 NW 35TH STREET LAUDERHILL, FL 33319
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DO NOT WRITE IN THIS SPACE



06082005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0816166	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BARR, LEZLEY B
7420 NW 35TH STREET
LAUDERHILL, FL 33319

**DO NOT WRITE
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 _____
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
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARR, LEZLEY B 7420 NW 35TH STREET LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREELAND, SONNY RAY 7420 NW 35TH STREET LAUDERHILL, FL 33319
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IN THIS SPACE**

07/19

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 empowerments.

SIGNATURE: *x* *Sonny Freeland* *x* 6-23-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #