

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104411

FILED
Jul 06, 2004
Secretary of State

Entity Name: POOL CARE OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

470 LAGOON AVE.
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

470 LAGOON AVE.
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3548889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOLE, ALAN
853 VANDERBILT BEACH RD.
UNIT 265
NAPLES, FL 34108

Name and Address of New Registered Agent:

BOOLE, ALAN
470 LAGOON AVE
NAPLES, FL 34108

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: _____

Electronic Signature of Registered Agent

07/06/2004

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOOLE, ALAN
Address: 470 LAGOON AVE
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALAN BOOLE

Electronic Signature of Signing Officer or Director

PRE

07/06/2004

Date