


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90027 034 ***150.00

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1. Entity Name
CLASS - A POOLS & SPAS, INC.



Principal Place of Business
**13 UTILITY DR.,
 E
 PALM COAST, FL 32137**


Mailing Address
**PO BOX 350814
 PALM COAST, FL 32135**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
13 UTILITY DR.
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country
32137



01262004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3360125

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**AMARAL, ANTONIO
 13 UTILITY DR
 E
 PALM COAST, FL 32137**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	AMARAL, ANTHONY JR	13 UTILITY DR	PALM COAST, FL 32137	<input type="checkbox"/>
TD	AMARAL, ANTHONY SR.	PO BOX 350814	PALM COAST, FL 321350814	<input type="checkbox"/>
SD	AMARAL, MARIA	PO BOX 350814	PALM COAST, FL 321350814	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Antonio Amaral Jr* **Antonio Amaral Jr** **2/17/04** **386 446-3335**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #