

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90342 021 ***150.00

DOCUMENT # 209118

1. Entity Name
NATIONAL POOL EQUIPMENT, INC.



Principal Place of Business Mailing Address
716 N.W. 7TH AVE FT LAUDERDALE FLA 33311 **4220 S.W. 8TH STREET PLANTATION, FL 33317**

50040310



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-0829736** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAMS, MYRON & BARBARA M.
4220 S.W. 8TH STREET
PLANTATION, FL 33317

**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

Barbara Williams

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
After May, 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
☐ Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMS, BARBARA M.
STREET ADDRESS	4220 SW 8TH ST
CITY- ST- ZIP	PLANTATION, FL
TITLE	ST
NAME	WILLIAMS, BARBARA M.
STREET ADDRESS	4220 SW 8TH ST
CITY- ST- ZIP	PLANTATION, FL
TITLE	VP
NAME	HAYNES, RICHARD A
STREET ADDRESS	2801 CORAL SHORES DR.
CITY- ST- ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Barbara Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-05 954 7913210