


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 229333
 1. Entity Name
FLORIDA BONDED POOLS, INC.



Principal Place of Business
**8608 BEACH BOULEVARD
 JACKSONVILLE, FL 32216**

Mailing Address
**8608 BEACH BOULEVARD
 JACKSONVILLE, FL 32216**

DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0879503 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CLARKSON, JEFFREY B
 8608 BEACH BLVD
 JACKSONVILLE, FL 32216**

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

**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**

UNRECORDED
 04/25/05-AM 1:37-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	CLARKSON, NANCY
STREET ADDRESS	13087 ISLE WORTH RIDGE DR
CITY-ST-ZIP	JAX, FL 32225
TITLE	P
NAME	CLARKSON, JEFFREY B
STREET ADDRESS	3745 TIMUCUA TR
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	VP
NAME	PATE, DEBORAH D
STREET ADDRESS	3365 JACQUELINE DR
CITY-ST-ZIP	JAX, FL
TITLE	SEC
NAME	CLARKSON, EDITH A
STREET ADDRESS	3745 TIMUCUA TRAIL
CITY-ST-ZIP	JACKSONVILLE, FL 32277
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: Edith A. Clarkson Edith A. Clarkson **4-21-05** **904-641-5265**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #