


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2004 08:00 AM
Secretary of State**

DOCUMENT # 336923		
1. Entity Name LAGASSE POOL CONSTRUCTION CO.		
Principal Place of Business 2877 WEST BROWARD BLVD FORT LAUDERDALE, FL 33312		Mailing Address 2877 WEST BROWARD BLVD FORT LAUDERDALE, FL 33312
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LAGASSE, WILLIAM G JR 5026 NW 47TH AVENUE COCONUT CREEK, FL 33073		01142004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-1223374
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.		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAGASSE, WILLIAM G JR 5026 NW 47 AVE COCONUT CREEK, FL 33073	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LAGASSE, DAPHNE 381 S.W. 54 AVE PLANTATION, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAGASSE, DANIEL D 7931 NW 47 PLACE LAUDERHILL, FL 33321	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 1.2em;">1000000008264</div> <div style="font-size: 1.2em;">01/20/04-80057-004 158.75</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/15/04 Daytime Phone # 954-587-1000