


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

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

DOCUMENT # 351860 1. Entity Name CENTRAL FLORIDA SWIMMING POOLS, INC.	
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Principal Place of Business 506 SOUTH MAGNOLIA AVENUE OCALA, FL 34474	Mailing Address 506 SOUTH MAGNOLIA AVENUE OCALA, FL 34474
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01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1273808 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

GEORGE E VAZQUEZ  
506 SO. MAGNOLIA AVE.  
OCALA, FL 34474

**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 \_\_\_\_\_ 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, 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 NAME STREET ADDRESS CITY- ST- ZIP	PVT VAZQUEZ, GEORGE E. 1717 NE 38TH AVE. OCALA, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S VAZQUEZ, KENNETH M 5338 NE 23RD AVE. OCALA, FL
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04/08/05-80007-019 150.00

**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)(f), 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:  George Vazquez 4-6-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #