


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 526670 1. Entity Name BARWICK POOLS, INC.	
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Principal Place of Business 6610 MCKOWN ROAD SARASOTA, FL 34240	Mailing Address 6610 MCKOWN ROAD SARASOTA, FL 34240
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DO NOT WRITE IN THIS SPACE



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1729463	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BARWICK, WADE R.
6610 MCKOWN RD.
SARASOTA, FL 34240

**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 resetting)

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARWICK, WADE R. 6610 MCKOWN RD. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARWICK, BARBARA E. 6610 MCKOWN RD. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARWICK, BEN B 6610 MCKOWN RD. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALL, CHARLENA J 4150 LANAI DR SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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03/11/04-80013-017 150.00

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 Barwick Barbara Barwick 3/8/2004 941-371-3710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #