

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 568385

FILED
Apr 08, 2004
Secretary of State

Entity Name: CHAMPAGNE POOLS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

5497 BENCHMARK LANE
SUITE 101
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

5497 BENCHMARK LANE
SUITE 101
SANFORD, FL 32773

New Mailing Address:

FEI Number: 59-1811482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANLEY, MICHAEL D
5497 BENCHMARK LANE
SUITE 101
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD (X) Delete
Name: TRUMBO, HILDA B,
Address: 10447 CEDARHURST AVE
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: MANLEY, PETER,
Address: 503 OWL CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: PD () Delete
Name: MANLEY, MICHAEL D.,
Address: 698 SAMUELSON COURT
City-St-Zip: WINTER SPGS, FL 32708

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD () Change (X) Addition
Name: MOSELEY, RICHARD A.,
Address: 118 SHANNON DRIVE
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. MANLEY

PD

04/08/2004

Electronic Signature of Signing Officer or Director

_____ Date