
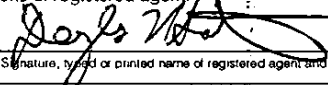


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90338 001 ***150.00

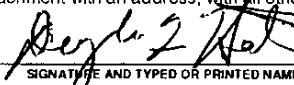
DOCUMENT # 583488			
1. Entity Name POOL DOCTOR OF BREVARD, INC.			
Principal Place of Business 914 PINETREE DRIVE INDIAN HARBOUR BCH. FL 32937		Mailing Address 914 PINETREE DRIVE INDIAN HARBOUR BCH. FL 32937	
2. Principal Place of Business 574 Highway A-1-A		3. Mailing Address 574 Highway A-1-A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Satellite Beach, FL		City & State Satellite Beach, FL	
Zip 32937	Country USA	Zip 32937	Country USA
6. Name and Address of Current Registered Agent HOLTMAN, DOUGLAS L. 914 PINETREE DRIVE INDIAN HARBOUR BCH. FL 32937		7. Name and Address of New Registered Agent Name Holtman, Douglas L. Street Address (P.O. Box Number is Not Acceptable) 574 Highway A-1-A City Satellite Beach FL Zip Code 32937	
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  Douglas L. Holtman		4-21-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLTMAN, DOUGLAS L. 140 PELICAN DR. NE PALM BAY, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOLTMAN, DIANE 140 PELICAN DR. NE PALM BAY, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/04)

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:  **Douglas L. Holtman** President 4-21-05 321-773-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #