


2004 For Profit Corporation
ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90260 020 ***150.00

DOCUMENT # F48273

1. Entity Name
 DIXIE BLUE POOLS, INC.



Principal Place of Business
 CLARENCE M COCHRANE
 1103 N.E. 118TH ST
 NORTH MIAMI, FL 33161

Mailing Address
 CLARENCE M COCHRANE
 1103 N.E. 118TH ST
 NORTH MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-2120720

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COCHRANE, CLARENCE M
 1103 N.E. 118TH ST
 NORTH MIAMI, FL 33161

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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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DP COCHRANE, CLARENCE M 1103 N E 118TH ST NORTH MIAMI, FL 00000, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COCHRANE, MARY 1103 NE 118 ST. NORTH MIAMI, FL 33161
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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: Clarence M. Cochran 4-28-04 305-893-8845
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #