


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F93140 1. Entity Name FOX RIVER POOLS, INC.	
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Principal Place of Business % PASQUALE ALBANESE 6850 W KENDALE CIRCLE LAKE WORTH, FL 33467	Mailing Address % PASQUALE ALBANESE 6850 W KENDALE CIRCLE LAKE WORTH, FL 33467
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DO NOT WRITE IN THIS SPACE



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2209805	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 ALBANESE, PASQUALE 6850 W KENDALE CIRCLE LAKE WORTH, FL 33467
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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 *Pasquale Albanese* DATE 2/9/04
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	0000000046616 12/12/04-80000-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALBANESE, PASQUALE 6850 W KENDALE CIRCLE LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ALBANESE, PASQUALE, JR. 6850 W KENDALE CIRCLE LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Pasquale Albanese* 2/9/04 561-248-8118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #