


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90222 022 ***150.00

DOCUMENT # G64098

1. Entity Name
IDEAL POOLS OF BROWARD, INC.



Principal Place of Business Mailing Address

2111 NORTH 14TH TERRACE 2111 NORTH 14TH TERRACE
 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020

2. Principal Place of Business 3. Mailing Address

7565 W. Sunrise Blvd **7565 W. Sunrise Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Plantation FL **Plantation FL**

Zip Country Zip Country

33313 Broward **33313 Broward**

04282004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-2334805 Not Applicable

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

6. Name and Address of Current Registered Agent

GIBSON, DAVE
 2111 NORTH 14TH TERRACE
 HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name **George J. Millett**

Street Address (P.O. Box Number is Not Acceptable)
324 S.E. 10th St Apt. #308

City **DANIA** FL **33004**

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 *George J. Millett* DATE **4/29/04**

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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GIBSON, DAVE		NAME John M. Diehl	
STREET ADDRESS 2111 N. 14TH TERR.		STREET ADDRESS 7565 W. Sunrise Blvd	
CITY-ST-ZIP HOLLYWOOD, FL		CITY-ST-ZIP Plantation FL 33313	
TITLE ST	<input checked="" type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GIBSON, LORETTA		NAME Margaret M. Diehl	
STREET ADDRESS 2111 N. 14TH TERR.		STREET ADDRESS 7565 W. Sunrise Blvd	
CITY-ST-ZIP HOLLYWOOD, FL		CITY-ST-ZIP Plantation FL 33313	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *John M. Diehl* DATE: **4/29/04** DAYTIME PHONE #: **954-584-9171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR