2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G66473

1. Entity Name

CLEAR WATER POOL COMPANY, INCORPORATED



FILED Apr 15, 2004 08:00 AM Secretary of State

Principal Place of Business

2976 S. MILITARY TRAIL W PALM BCH., FL 33415-3969 Mailing Address

2976 S. MILITARY TRAIL W PALM BCH., FL 33415-3969



DO NOT WRITE IN THIS SPACE

01132004 No Chg-P CR2E034 (10/03)

 4. FEI Number
 Applied For

 59-2336826
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

SOELL, ERIC J 6686 NW 63RD WAY PARKLAND, FL 33067

DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signalure, typed or printed name of registered agent and title t	applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000114128 04/15/04-80036-015 150.00
TITLE NAME	OFFICERS AND DIRECT SOELL, ROBERT	CTORS			
STREET ADDRESS CITY-ST-ZIP	530 SE 3RD COURT DEERFIELD, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOELL, ERIC J 6686 N.W. 63RD WAY PARKLAND, FL 33067				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

561-964-8608