2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Jan 24, 2005 08:00 AM DOCUMENT # H33951 Secretary of State 1. Entity Name ATLANTIC POOL BUILDERS, INC. Principal Place of Business Mailing Address 333-12TH AVENUE NO. INDIAN ROCKS BEACH FL 33785 US 333-12TH AVENUE NO. INDIAN ROCKS BEACH FL 33785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number City & State City & State 59-2471675 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, RICHARD C. JR. Street Address (P.O. Box Number is Not Acceptable) 333-12TH AVENUE N. INDIAN ROCKS BEACH FL 33785 7ip Code 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 DATE Signature, typed or printed name of registered agent and fille if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition **PSTD** TITLE Change TOLE ☐ Delete U00000190980 U1/24/US-80156-003 150.00 MILLER, RICHARD C. JR. NAME STREET ADDRESS 333-12TH AVENUE NO. STREET ADDRESS CITY-Si-ZiP INDIAN R, BEACH FL CITY - ST - ZIP ☐ Change Addition Delete TITLE DILE A:A:ME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZiP CITY - ST - ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ппе ☐ Charige Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE MARAE STREET ADDRESS STREET ADDRESS CITY-ST ZIP GRY- ST- ZIE titir€ Change Addition Defete TITLE NAME NAME SAREET 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)(f). 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 employeed.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CONTROL OF CONTROL OF DIRECTOR CONTROL OF CONTROL OF