


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2004 90332 027 \*\*\*150.00

<b>DOCUMENT # H94277</b> 1. Entity Name <b>ELITE-WEILER POOLS, INC.</b>			
Principal Place of Business <b>C/O DOUG KENNEDY</b> <b>130 N TAMiami TR</b> <b>OSPREY, FL 34229 US</b>		Mailing Address <b>C/O DOUG KENNEDY</b> <b>130 N TAMiami TR</b> <b>OSPREY, FL 34229 US</b>	
2. Principal Place of Business <b>640 APEX ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>640 APEX ROAD</b> Suite, Apt. #, etc.	
City & State <b>SARASOTA, FL</b> Zip <b>34240</b>		City & State <b>SARASOTA, FL</b> Zip <b>34240</b>	
Country <b>Sarasota</b>		Country <b>Sarasota</b>	
4. FEI Number <b>59-2665023</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KENNEDY, JOHN D</b> <b>4615 STON RIDGE TRAIL</b> <b>SARASOTA, FL 34232</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>4726 EAST TRAILS DR.</b> City <b>SARASOTA</b> FL <b>34232</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNEDY, DOUGLAS 130 N TAMiami TR OSPREY, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>640 APEX ROAD</b> <b>SARASOTA, FL 34240</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KENNEDY, JOHN D 4726 E. TRAILS DR. SARASOTA, FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/27/04</b> Daytime Phone # <b>941 343-9001</b>	