2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # J16432

1. Entity Name
BARROW POOLS, INC.

Principal Place of Business	Mailing Address
720 KITTYHAWK WAY NORTH PALM BEACH, FL 33408	720 KITTYHAWK WAY NORTH PALM BEACH, FL 33408

03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2719237
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLEARY, JOHN P.A.
BIG OAK PROFESSIONAL BUILDING
1803 AUSTRALIAN AVE S STE E
WEST PALM BEACH, FL 33409

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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 _____ DATE
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARROW, JOSEPH J
STREET ADDRESS	960 LAUREL RD.
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	BARROW, IRENE
STREET ADDRESS	960 LAUREL RD.
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	PD
NAME	GARRIS, JOSEPH N.
STREET ADDRESS	720 KITTYHAWK WAY
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	VP
NAME	JAMES GARRIS, SEAN
STREET ADDRESS	662 ANCHORAGE DR.
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/05-80073-023 150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #