2005 FOR PROFIT CORPORATION

FILED Apr 19, 2005 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # J54060 1. Entity Name 04-19-2005 90385 003 ***158.75 POOLS PLUS BY GARGIULA, INC. Principal Place of Business Mailing Address 1904 SE 33RD TERR CAPE CORAL FL 33904 1904 SE 33RD TERR CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 59-2756085 Not Applicable Zip Country Žip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARGIULA, JAMES G. 1912 SE 33RD TERR. Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 City CAPP DRW PL Žip 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THILE TITLE ☐ Delete ☐ Change Addition NAME GARGIULA, JAMES G. NAME 1904 SE 33d Terr STREET ADDRESS 1912 S.E. 33RD. TERR STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition 1904 SE 34 TEM NAME GARGIULA, JAMES G. MARKE STREET ADDRESS 1912 SE 33RD TERR STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP TITLE ☐ Detete TITS F Addition Change GARGIULA, CHRISTINE M NAME STREET ADDRESS 1904 SE 33RD TERR STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

☐ Change

Addition