


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2005 8:00 am
Secretary of State

07-25-2005 90095 002 ***150.00

DOCUMENT# J76167 1. Entity Name POOL WORLD OF VOLUSIA, INC.					
Principal Place of Business 22 LILAC DR DEBARY FL 32713 US			Mailing Address P O BOX 530029 DEBARY FL 32753-0029 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2828343	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DOBRZYNSKI, DAVID 22 LILAC DR DEBARY FL 32713				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>David Emery</i></u> (NOTE: Registered Agent signature required when transferring) DATE: <u>7-20-05</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOBRZYNSKI, DAVID D.		NAME		
STREET ADDRESS	1958 GREENVIEW DR		STREET ADDRESS		
CITY - ST - ZIP	DELTONA FL		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EMERY, WESLEY		NAME		
STREET ADDRESS	22 LILAC DR		STREET ADDRESS		
CITY - ST - ZIP	DEBARY FL		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EMERY, DIANE		NAME		
STREET ADDRESS	22 LILAC DR		STREET ADDRESS		
CITY - ST - ZIP	DEBARY FL		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEITH, EMERY		NAME		
STREET ADDRESS	1132 ABADY CT		STREET ADDRESS		
CITY - ST - ZIP	DELTONA FL 32725		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <u><i>David Emery</i></u>			<u>7/20/05</u> <u>3866685280</u> Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

8-15-2005

ATTACHMENT

576167 66025952

To -
Division of Corporations,

This is a letter to notify you that I had not received any forms at beginning of year for corporate renewal. I called in July and was informed that there are no forms, But they would send me one to fill out + return.

Deane Emery
Pool World of Volusia Inc
PO Box 530029
DeBary FL 32753-0029