## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **FILED** Apr 14, 2004 08:00 AM Secretary of State

DOCU	IMEI	VT # J	177437

TRINITY POOL CONSTRUCTION, INC.



Principal Place of Business % LESLIE R. MISKOVE 1983 ORANGESIDE ROAD EAST PALM HARBOR, FL 34683

Mailing Address

% LESLIE R. MISKOVE 1983 ORANGESIDE ROAD EAST PALM HARBOR, FL 34683



03222004

No Chg-P

CR2E034 (10/03)

. FEI Number		Applied For
59-2821533	_	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MISKOVE, LESLIE R. 1983 ORANGSIDE ROAD EAST PALM HARBOR, FL 34683

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8. The above the obligat	named entity submits this statement for the patient of the patient of registered agent.	ourpose of changing its register	ed office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registere	d Agent signature required when rounstaing)	DATE
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.		scing \$5.00 May Be Added to Fees	U00000113081 04/14/04-80050-007 150.00	
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MISKOVE, MARK R. 1983 ORANGESIDE RD. EAST PALM HARBOR, FL			
TITLE NAME STREET ADORESS CITY-ST-ZIP	D MISKOVE, LESLIE R. 1983 ORANGESIDE RD. EAST PALM HARBOR, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby o	certify that the information supplied with this file	ing does not qualify for the exe	mption stated in Section 119.07(2	B)(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 ampowered.

SIGNATURE: