

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J78888

FILED
Feb 23, 2005
Secretary of State

Entity Name: POOL DOCTOR OF THE PALM BEACHES, INC.

Current Principal Place of Business:

3900 B CONSUMER ST.
RIVIERA BEACH, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

3900 B CONSUMER ST.
RIVIERA BEACH, FL 33404 US

New Mailing Address:

FEI Number: 59-2812264 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JOHN HAMIL
3900 B CONSUMER ST.
RIVIERA BEACH, FL 33404 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMIL, JOHN PRES
Address: 1105 6TH AVE. S.
City-St-Zip: LAKE WORTH, FL 33460

Title: VP () Delete
Name: HAMIL, NADINE VP
Address: 1105 6TH AVE S.
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAMIL, JOHN PRES
Address: 3900 B CONSUMER ST
City-St-Zip: RIVIERA BEACH, FL 33404

Title: VP (X) Change () Addition
Name: HAMIL, NADINE VP
Address: 3900 B CONSUMER ST
City-St-Zip: RIVIERA BEACH, FL 33404

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HAMIL

PRES

02/23/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date