

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90005 028 ***150.00

DOCUMENT # K00189						
1. Entity Name ED'S SPAS, SOLAR & POOLS, INC.						
Principal Place of Business 1312 MANDAN LANE ORMOND BEACH, FL 32174			Mailing Address 1312 MANDAN LANE ORMOND BEACH, FL 32174			
2. Principal Place of Business 85 S. Washington St. Suite, Apt. #, etc.		3. Mailing Address 85 S. Washington St. Suite, Apt. #, etc.				
City & State Ormond Beach FL. Zip: 32174 Country: USA		City & State Ormond Beach FL. Zip: 32174 Country: USA		4. FEI Number 59-2848871		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>		
6. Name and Address of Current Registered Agent ROSE, JAME L., ESQ. 101 S. PALMETTO AVE SUITE 6 DAYTONA BEACH, FL 32074						
7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IANNARELLI, EDWARD J. 1312 MANDAN LANE ORMOND BEACH, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	144 Tradewinds Cir. S. Daytona, FL 32119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IANNARELLI, EDWARD J. 1312 MANDAN LANE ORMOND BEACH, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	144 Tradewinds Cir. S. Daytona, FL 32119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Edward J. Iannarelli</u> Edward J. Iannarelli <u>2/10/04</u> <u>386-677-348</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						