

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90003 023 ***150.00

DOCUMENT # K14326 1. Entity Name FINAL SWIM TIME, INC.					
Principal Place of Business 5133 KESTRAL PARK PL SARASOTA, FL 34231 US			Mailing Address 5133 KESTRAL PARK PL SARASOTA, FL 34231 US		
2. Principal Place of Business 1718 Hillview St			3. Mailing Address PO 202		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State SARASOTA FL			City & State SARASOTA FL		
Zip 34239		Country SARASOTA		Zip 34230	
Country SARASOTA		4. FEI Number 65-0025189			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KEANE, GERALD B. 46 N WASHINGTON BLVD SUITE 5 SARASOTA, FL 34236				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 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME LAUBACKER, GARY J. SR	<input type="checkbox"/> Delete	TITLE D NAME LAUBACKER, GARY J. SR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 5133 KESTRAL PARK PL		STREET ADDRESS 1718 Hillview St			
CITY-ST-ZIP SARASOTA, FL 34231		CITY-ST-ZIP SARASOTA FL 34239			
TITLE D NAME LAUBACKER, GARY J JR	<input type="checkbox"/> Delete	TITLE D NAME LAUBACKER, GARY J. JR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 5133 KESTRAL PARK PL		STREET ADDRESS 1718 Hillview St			
CITY-ST-ZIP SARASOTA, FL 34231		CITY-ST-ZIP SARASOTA FL 34239			
TITLE D NAME MACKLUSXIE, RYANN J	<input type="checkbox"/> Delete	TITLE D NAME RYANN J. LAUBACKER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 5133 KESTRAL PARK PL		STREET ADDRESS 1718 Hillview St			
CITY-ST-ZIP SARASOTA, FL 34231		CITY-ST-ZIP SARASOTA FL 34239			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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	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: Pres 4/30/04 941-928-2774					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					