


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # K46927	
1. Entity Name SWIMMING POOL SPECIALISTS, INC.	

Principal Place of Business 9445 CRAVEN ROAD JACKSONVILLE, FL 32256	Mailing Address 9445 CRAVEN ROAD JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2919840	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DANIEL, THERESA 11063 READING RD JACKSONVILLE, FL 32257	DO NOT WRITE IN THIS SPACE
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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000111364 04/13/04-80014-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT VAUGHN, MARK 11063 READING RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DANIEL, THERESA 11063 READING RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VAUGHN, JEANNE 11063 READING RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SUMMERS, JESSE E 4741 ATLANTIC BLVD STE 4B JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

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: 	04/02/2004	904-731-0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Mark E. Vaughn, President	Date	Daytime Phone #