

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L96652

1. Entity Name
POOLS, ETC., INC.



FILED
Jan 31, 2004 08:00 AM
Secretary of State

Principal Place of Business
39 N. WINTER PARK DRIVE
CASSELBERRY FL 32707

Mailing Address
39 N. WINTER PARK DRIVE
CASSELBERRY FL 32707

2. Principal Place of Business

3. Mailing Address



MOORE CR2E034 (11/03)

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

4. FEI Number 59-3031619

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FITZPRICK, TIMOTHY D.
39 N. WINTER PARK DR.
CASSELBERRY FL 32707

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME FITZPATRICK, TIMOTHY D.
STREET ADDRESS 39 N. WINTER PARK DR.
CITY - ST - ZIP CASSELBERRY FL 32707

Change Addition
NAME U00000029744
STREET ADDRESS 02/02/04-80038-003 150.00
CITY - ST - ZIP

TITLE V Delete
NAME FITZPATRICK, CONSTANCE
STREET ADDRESS 39 N. WINTER PARK DR.
CITY - ST - ZIP CASSELBERRY FL 32707

Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition
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Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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: *Timothy D. FitzPatrick* Timothy D. FitzPatrick 1-22-04 (407) 695-6145