

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L96652</b> 1. Entity Name <b>POOLS, ETC., INC.</b>	
--	---

Principal Place of Business <b>39 N. WINTER PARK DRIVE CASSELBERRY FL 32707</b>	Mailing Address <b>39 N. WINTER PARK DRIVE CASSELBERRY FL 32707</b>
--	--



1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number <b>59-3031619</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  <b>FITZPRICK, TIMOTHY D. 39 N. WINTER PARK DR. CASSELBERRY FL 32707</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
---	--

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 _____	DATE _____
-----------------	------------

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS									
TITLE	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">P</td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="2">NAME</td> </tr> <tr> <td colspan="2">STREET ADDRESS</td> </tr> <tr> <td colspan="2">CITY - ST - ZIP</td> </tr> </table>	P	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP	
P	<input type="checkbox"/> Delete								
NAME									
STREET ADDRESS									
CITY - ST - ZIP									
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">FITZPATRICK, TIMOTHY D.</td> <td style="width: 50%;"></td> </tr> <tr> <td colspan="2">39 N. WINTER PARK DR.</td> </tr> <tr> <td colspan="2">CASSELBERRY FL 32707</td> </tr> </table>	FITZPATRICK, TIMOTHY D.		39 N. WINTER PARK DR.		CASSELBERRY FL 32707				
FITZPATRICK, TIMOTHY D.									
39 N. WINTER PARK DR.									
CASSELBERRY FL 32707									
TITLE	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">V</td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="2">NAME</td> </tr> <tr> <td colspan="2">STREET ADDRESS</td> </tr> <tr> <td colspan="2">CITY - ST - ZIP</td> </tr> </table>	V	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP	
V	<input type="checkbox"/> Delete								
NAME									
STREET ADDRESS									
CITY - ST - ZIP									
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">FITZPATRICK, CONSTANCE</td> <td style="width: 50%;"></td> </tr> <tr> <td colspan="2">39 N. WINTER PARK DR.</td> </tr> <tr> <td colspan="2">CASSELBERRY FL 32707</td> </tr> </table>	FITZPATRICK, CONSTANCE		39 N. WINTER PARK DR.		CASSELBERRY FL 32707				
FITZPATRICK, CONSTANCE									
39 N. WINTER PARK DR.									
CASSELBERRY FL 32707									
TITLE	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="2">NAME</td> </tr> <tr> <td colspan="2">STREET ADDRESS</td> </tr> <tr> <td colspan="2">CITY - ST - ZIP</td> </tr> </table>		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP	
	<input type="checkbox"/> Delete								
NAME									
STREET ADDRESS									
CITY - ST - ZIP									
TITLE	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="2">NAME</td> </tr> <tr> <td colspan="2">STREET ADDRESS</td> </tr> <tr> <td colspan="2">CITY - ST - ZIP</td> </tr> </table>		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP	
	<input type="checkbox"/> Delete								
NAME									
STREET ADDRESS									
CITY - ST - ZIP									
TITLE	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="2">NAME</td> </tr> <tr> <td colspan="2">STREET ADDRESS</td> </tr> <tr> <td colspan="2">CITY - ST - ZIP</td> </tr> </table>		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP	
	<input type="checkbox"/> Delete								
NAME									
STREET ADDRESS									
CITY - ST - ZIP									
TITLE	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="2">NAME</td> </tr> <tr> <td colspan="2">STREET ADDRESS</td> </tr> <tr> <td colspan="2">CITY - ST - ZIP</td> </tr> </table>		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP	
	<input type="checkbox"/> Delete								
NAME									
STREET ADDRESS									
CITY - ST - ZIP									

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11									
TITLE	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">NAME</td> </tr> <tr> <td colspan="2">STREET ADDRESS</td> </tr> <tr> <td colspan="2">CITY - ST - ZIP</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY - ST - ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME									
STREET ADDRESS									
CITY - ST - ZIP									
TITLE	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">NAME</td> </tr> <tr> <td colspan="2">STREET ADDRESS</td> </tr> <tr> <td colspan="2">CITY - ST - ZIP</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY - ST - ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME									
STREET ADDRESS									
CITY - ST - ZIP									
TITLE	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">NAME</td> </tr> <tr> <td colspan="2">STREET ADDRESS</td> </tr> <tr> <td colspan="2">CITY - ST - ZIP</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY - ST - ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME									
STREET ADDRESS									
CITY - ST - ZIP									
TITLE	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">NAME</td> </tr> <tr> <td colspan="2">STREET ADDRESS</td> </tr> <tr> <td colspan="2">CITY - ST - ZIP</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY - ST - ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME									
STREET ADDRESS									
CITY - ST - ZIP									
TITLE	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">NAME</td> </tr> <tr> <td colspan="2">STREET ADDRESS</td> </tr> <tr> <td colspan="2">CITY - ST - ZIP</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY - ST - ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME									
STREET ADDRESS									
CITY - ST - ZIP									

1100000236825  
02/21/05-80035-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:	<i>Timothy D. FitzPatrick</i> Timothy FitzPatrick (407)695-6145	Date <b>2-15-05</b> Daytime Phone #
------------	---	-------------------------------------

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR