

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M68850

FILED
Jan 19, 2004
Secretary of State

Entity Name: VILLAGE POOLS OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

1000 SAVAGE COURT
SUITE 204
LONGWOOD, FL 32750 US

New Principal Place of Business:

7013 FOREST CITY ROAD
ORLANDO, FL 32810 US

Current Mailing Address:

539 VIA FONTANA DR #103
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

7013 FOREST CITY ROAD
ORLANDO, FL 32810

FEI Number: 59-2866631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIVONKA, ALBERT D.
539 VIA FONTANA DR #103
ALTAMONTE SPRINGS, FL 32714

Name and Address of New Registered Agent:

PIVONKA, ALBERT D.
4611 OLA BEACH DR
MOUNT DORA, FL 32757

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.

SIGNATURE:

01/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: PIVONKA, ELEANOR R.,
Address: 539 VIA FONTANA DR #103
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DP () Delete
Name: PIVONKA, ALBERT D.,
Address: 539 VIA FONTANA DR #103
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: PIVONKA, ELEANOR R.,
Address: 4611 OLA BEACH DR
City-St-Zip: MOUNT DORA, FL 32757

Title: DP (X) Change () Addition
Name: PIVONKA, ALBERT D.,
Address: 4611 OLA BEACH DR
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT D PIVONKA

D

01/19/2004

Electronic Signature of Signing Officer or Director

Date