

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M75940

Entity Name: TRI COUNTY POOLS, INC.

FILED
Feb 21, 2005
Secretary of State

Current Principal Place of Business:

2559-D NURSERY ROAD
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

2559-D NURSERY ROAD
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 59-2880208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALFORD, RICHARD L
1700 MCMULLEN BOOTH ROAD
SUITE C-4
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: LARSON, LINDA ANN,
Address: 2620 COVE CAY DRIVE UNIT # 502
City-St-Zip: CLEARWATER, FL 33760

Title: PD () Delete
Name: LARSON, RONALD R.,
Address: 2620 COVE CAY DRIVE UNIT # 502
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: LARSON, LINDA ANN,
Address: 2162 CENTERVIEW COURT NORTH
City-St-Zip: CLEARWATER, FL 33759 US

Title: PD (X) Change () Addition
Name: LARSON, RONALD R.,
Address: 2162 CENTERVIEW COURT NORTH
City-St-Zip: CLEARWATER, FL 33759 US

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: LINDA ANN LARSON

STD

02/21/2005

Electronic Signature of Signing Officer or Director

Date