

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M90088

FILED  
Jan 03, 2005  
Secretary of State

Entity Name: AURORA POOLS AND SPAS, INC.

**Current Principal Place of Business:**

2145 STOCKMAN ROAD  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

2145 STOCKMAN  
NEW PORT RICHEY, FL 34655 US

**New Mailing Address:**

FEI Number: 59-2905321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALTER, JOHN A. JR  
2145 STOCKMAN ROAD  
NEW PORT RICHEY, FL 34655 US

**Name and Address of New Registered Agent:**

WALTER, JOHN A JR  
2145 STOCKMAN ROAD  
NEW PORT RICHEY, FL 34655 US

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: JOHN A. WALTER JR.

01/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: WALTER, JOHN A. JR.  
Address: 2145 STOCKMAN ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: WALTER, JOHN A JR  
Address: 2145 STOCKMAN ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34655

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: JOHN A. WALTERJR.

PRES

01/03/2005

Electronic Signature of Signing Officer or Director

Date