

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000001761

FILED
Oct 20, 2004
Secretary of State

Entity Name: POOL WORKS ASSOCIATES, INC.

Current Principal Place of Business:

1016 GLEASON PKWY
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 152175
CAPE CORAL, FL 339152175

New Mailing Address:

FEI Number: 65-0970819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHVENSKE, JERILYN D
C/O HANCOCK BRIDGE MARINA
3436 HANCOCK BRIDGE PKWY
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

SCHVENSKI, JERILYN D
1016 GLEASON PARKWAY
CAPE CORAL, FL 33914 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: JERILYN D SCHVENSKI

10/20/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHVENSKI, MICHAEL C
Address: 1016 GLEASON PKWY
City-St-Zip: CAPE CORAL, FL 33914

Title: ST () Delete
Name: SCHVENSKI, JERILYN D
Address: 3436 HANCOCK BRIDGE PKWY SUITE 136
City-St-Zip: NORTH FT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: SCHVENSKI, JERILYN D
Address: 1016 GLEASON PARKWAY
City-St-Zip: CAPE CORAL, FL 33914

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: JERILYN D SCHVENSKI

ST

10/20/2004

Electronic Signature of Signing Officer or Director

Date