


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000006842	
1. Entity Name POOL PEOPLE COMMERCIAL INC.	

Principal Place of Business 6500 N.W. 15TH AVE SUITE 200 FORT LAUDERDALE, FL 33309	Mailing Address 6500 N.W. 15TH AVE SUITE 200 FORT LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1569620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KNOX, WINTHROP S 6500 N.W. 15TH AVE SUITE 200 FORT LAUDERDALE, FL 33309	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000064846 02/25/04-80011-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOX, JANICE 3317 NE 30TH ST LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOX, WINTHROP S 3317 NE 30TH AVE LIGHTHOUSE POINT, FL 33064
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **2/20/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #