

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029111

FILED
Apr 12, 2005
Secretary of State

Entity Name: D K POOLS, INC.

Current Principal Place of Business:

1218 N. OLD CORRY FIELD RD.
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

1218 N. OLD CORRY FIELD RD.
PENSACOLA, FL 32506

New Mailing Address:

PO BOX 2395
PENSACOLA, FL 32513

FEI Number: 59-3644169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, DON G
1218 N. OLD CORRY FIELD RD.
PENSACOLA, FL 32506 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: P () Delete
Name: PHILLIPS, DON G
Address: 1218 OLD CORRY FIELD RD
City-St-Zip: PENSACOLA, FL 32506

Title: VP () Delete
Name: PHILLIPS, DON KEITH
Address: 1218 N OLD CORRY FIELD RD
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DON G PHILLIPS

PRES

04/12/2005

Electronic Signature of Signing Officer or Director

_____ Date