


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000053248 1. Entity Name NATIVE POOLS, INC.	
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Principal Place of Business 7605 TUTTLE AVENUE SARASOTA, FL 34234	Mailing Address 7605 TUTTLE AVENUE SARASOTA, FL 34234
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DO NOT WRITE IN THIS SPACE

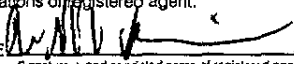


03102005 No Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent BRESCIA, WILLIAM 7605 TUTTLE AVENUE SARASOTA, FL 34234	DO NOT WRITE IN THIS SPACE
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4. FEI Number 65-1014388	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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  DATE 4-11-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

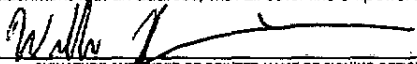
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRESCIA, WILLIAM 7605 TUTTLE AVENUE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/14/05-80019-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  DATE 4-11-05 DAYTIME PHONE # 941 315 4322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR