2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM Secretary of State

DOCUMENT # P0000066046 1. Entity Name POOLS AND SPAS BY SHAWN T. EATON, INC.				Secretary of State
3221 TURTL	E CREEK RD 3	ailing Address 1221 TURTLE CREEK RD 17 AUGUTINE, FL 32086		
DO NOT WRITE IN THIS SPA			CE	03212005 No Chg-P CR2E034 (10/03) 4. FEI Number
6. Name and Address of Current Registered Agent EATON, SHAWN T 3221 TURTLE CREEK RD ST AUGUTINE, FL 32086			-	DO NOT WRITE IN THIS SPACE
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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when registering) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIRECT ST EATON, MICHELLE S 3221 TURTLE CREEK RD SAINT AUGUSTINE, FL 32086	CTORS	-	Unnnnn917090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EATON, SHAWN T 3221 TURTLE CREEK RD SAINT AUGUSTINE, FL 32086			000000312836 04/18/05-80100-016 150.00
TITLE NAME STRECT ADDRESS CITY-ST-ZIP		<u> </u>		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST+ZIP			•	
THILE NAME STREET ADDRESS CHY-ST-ZIP				
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 eath; that I am an officer or director of the corporation or the receiver or trusted appears in Block 10 or Block 11 if				