

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90481 043 ***150.00

DOCUMENT # P00000103038 1. Entity Name PABLO POOLS, INC.					
Principal Place of Business 817 7TH AVENUE, NORTH JACKSONVILLE BEACH, FL 32250			Mailing Address 817 7TH AVENUE, NORTH JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business 509 Boating Club RD Suite, Apt. #, etc.		3. Mailing Address 509 Boating Club RD Suite, Apt. #, etc.			
City & State St Augustine FL Zip 32084		City & State St Augustine FL Zip 32084		4. FEI Number 59-3680467	
Country St Johns		Country St Johns		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANGES, KARL B 817 7TH AVENUE, NORTH JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MANGES, KARL B 817 7TH AVENUE, NORTH JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karl Manges <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 509 Boating Club RD St Augustine FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MANGES, STACY R 817 7TH AVENUE, NORTH JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stacy Manges <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 509 Boating Club RD St Augustine FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Karl Manges <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-27-04 904-249-7500 <small>Date Daytime Phone #</small>		

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