2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006600

Name:

Address: City-St-Zip: NOLAND, CORY

930 SE 8TH TERRACE

CAPE CORAL, FL 33990

FILED Apr 19, 2005 Secretary of State

Entity Nai	ne: CRAIG'S	POOL & SPA CEN	ITER INC.				
Current Principal Place of Business:				New Principal Place of Business:			
	H TERRACE RAL, FL 3399()					
Current Mailing Address:				New Mailing Address:			
	H TERRACE RAL, FL 33990)					
FEI Number:	65-0007721	FEI Number Applie	d For () FEIN	lumber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CAPE COI	H TERRACE RAL, FL 3399(ent for the purpose	e of changing i	s registere	ed office or registered agent, or both,	
SIGNATU							
Election Car		iic Signature of Reg g Trust Fund Contribu	_			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () STEVENS, CRA 930 SE 8TH TE CAPE CORAL,	RRACE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () STEVENS, ALA 930 SE 8TH TE CAPE CORAL,	RRACE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	D ()	Delete		Title:	D	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

STEVENS, CYNTHIA

930 SE 8TH TERRACE

CAPE CORAL, FL 33990

SIGNATURE: CRAIG STEVENS **PRES** 04/19/2005