


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90039 042 ***150.00

DOCUMENT # P01000050763 1. Entity Name ABER POOLS, INC.					
Principal Place of Business 23375 JANICE AVE PORT CHARLOTTE, FL 33950				Mailing Address 23375 JANICE AVE PORT CHARLOTTE, FL 33950	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 380367 Suite, Apt. #, etc. Port Charlotte			
City & State		City & State FL		4. FEI Number 65-1107329	
Zip 33938-0367		Country FLA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABER, DOUGLAS L 3501 BEACON DR PORT CHARLOTTE, FL 33980				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 <u><i>Douglas L Aber</i></u> DATE <u>2/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABER, LORETHA S 23375 JANICE AVE PORT CHARLOTTE, FL 339808470		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABER, LORETTA S.	
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	
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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 the empowered.					
SIGNATURE: <u><i>Louisa S Aber</i></u> <u><i>ms. LORETTA S. Aber</i></u> DATE <u>2/10/05</u> Daytime Phone # <u>941 629 5618</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					