## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000067247

SUNRISE, FL 33313

City-St-Zip:

Entity Name: ECONOMY POOL, SPA & PATIO, INC

FILED Apr 29, 2005 Secretary of State

Littly Nai	IIIE. LOONOWIT FOOL, SFA & FATIO, I	NC.
Current P	rincipal Place of Business:	New Principal Place of Business:
	TATE ROAD 7 ION, FL 33317 US	3060 NW 43 TERR STE 102 LAUDERDALE LAKES, FL 33313 US
Current M	lailing Address:	New Mailing Address:
	TATE ROAD 7 ION, FL 33317 US	3060 NW 43 TERR STE 102 LAUDERDALE LAKES, FL 33313 US
FEI Number:	: 01-0622912 FEI Number Applied For (	) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		t: Name and Address of New Registered Agent:
LEON, MARIA G 6290 NW 14TH ST SUNRISE, FL 33313 US		LEON, MARIA G VP 3060 NW 43 TERR STE 102 LAUDERDALE LAKES, FL 33313 US
	named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATUR	RE: MARIA LEON	04/29/2005
	Electronic Signature of Registered	d Agent Date
Election Car	mpaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D ( ) Delete GRANT, GEORGIA 3520 NW 50TH AVE LAUDERDALE LAKES, FL 33319	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete PETTIGREW, GARY 6290 NW 14TH ST SUNRISE, FL 33313	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete LEON, MARIA G VP 6290 NW 14TH ST SUNRISE, FL 33313	Title: D (X) Change ( ) Addition Name: LEON, MARIA G VP Address: 3060 NW 43 TERR STE 201 City-St-Zip: LAUDERDALE LAKES, FL 33313
Title: Name: Address:	D () Delete NELSON, DAVID 6881 NW 24TH CT	Title: ( ) Change ( ) Addition Name: Address:

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.

City-St-Zip:

SIGNATURE: MARIA LEON VP 04/29/2005