2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # P01000096957 COAST TO COAST POOLS OF FLORIDA, INC. Mailing Address Principal Place of Business 1891 PORTER LAKE DRIVE 1891 PORTER LAKE DRIVE #107 #107 SARASOTA, FL 34240 SARASOTA, FL 34240 04262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3752357 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GAETANO, PAUL DO NOT WRITE 1891 PORTER LAKE DRIVE #107 IN THIS SPACE SARASOTA, FL 34240 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 Squature, typed or printed name of registered agent and trie if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS me Ð GAETANO, PAUL NAME 1891 PORTER LAKE DRIVE #107 STREET ADDRESS City-Si-Zip SARASOTA, FL 34240 U00000135172 U4/28/04-80043-012 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS OO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-04

981-377-5133

FILED