2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105993

Entity Name: JIPOOLS, INC.

FILED Jul 07, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
5980 STAR GRASS LANE	6235 TAYLOR ROAD

NAPLES, FL 34116 6235 TAYLOR ROAD NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

5980 STAR GRASS LANE 675 HARBOUR DRIVE NAPLES, FL 34116 NAPLES, FL 34103

FEI Number: 65-1148275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

IRIZARRY, MARCIAL J
5980 STAR GRASS LANE
NAPLES, FL 34116 US
RIZARRY, MARCIAL J
675 HARBOUR DRIVE
NAPLES, FL 34103 US

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.

SIGNATURE: 07/07/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition Name: IRIZARRY, MARCIAL J Name: IRIZARRY, MARCIAL J Address: 5980 STAR GRASS LANE Address: 675 HARBOUR DRIVE

 Address:
 5980 STAR GRASS LANE
 Address:
 675 HARBOUR DRIVE

 City-St-Zip:
 NAPLES, FL 34116
 City-St-Zip:
 NAPLES, FL 34103

 Title:
 C
 () Delete
 Title:
 () Change () Addition

 Name:
 VITIELLO, LOUIS
 Name:

 Address:
 229 MADISON DR
 Address:

City-St-Zip: NAPLES, FL 34109 City-St-Zip:

Title: VP () Delete Title: () Change () Addition
Name: PISCIOTTA, WILLIAM Name:
Address: 5970 16TH AVE NW

 Address:
 5970 16TH AVE NW
 Address:

 City-St-Zip:
 NAPLES, FL 34101
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

Name:IRIZARRY, KRISTAName:IRIZARRY, KRISTAAddress:5980 STAR GRASS LNAddress:675 HARBOUR DRIVECity-St-Zip:NAPLES, FL 34116City-St-Zip:NAPLES, FL 34103

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.

SIGNATURE: KRISTA IRIZARRY S 07/07/2004