2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2005 8:00 am Secretary of State

DOCUMENT # P01000106456 1. Entity Name POOL SOLUTIONS PLUS INC.					03-18-2005 90044 017 ***150.00				
Principal Place	of Business	Mailing Address							
13421 ORANGE BLVD. 13421 ORANGE BLVD. WEST PALM BEACH, FL 33412 WEST PALM BEACH, FL 33				!]				
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2. Principal Pl	ace of Business	3. Mailing Address	_						
7217 Pine Tree Lane 7217 Pine Tre Suite, Apt. #, etc. Suite, Apt. #, etc.				Lane	0000000	Cha D	CDOEO	34 (10/03)	
. ,					03022005	Chg-P	Chzeu	·	plied For
West Pal	m Beach, FL	West_Palm Bea	City & State est_Palm Beach, FL		4. FEI Number 26-000	7230 <u> </u>			Applicable _
Zip 33406	Country	Zip Cou 33406		try	5. Certificate of Status Desired		□ \$8.75 Additional Fee Required		
33400	6. Name and Address of Current	J	<u> </u>		7. Name and	Address of New Re	egistered A	gent	
 EBBEN. TI	MOTHY W			Name					
3225 VINCENT ROAD WEST PALM BEACH, FL 33405				Street Address ((P.O. Box Numb	er is Not Acceptable)		
VESTPAL	IM BEACH, FL 33405								
				City		<u> </u>	FL	Zip Code	,
	named entity submits this statement for	r the purpose of changing its	register	ed office or registe	red agent, or bo	th, in the State of Flo	rida., I am f	amiliar with,	and accept
` :	ions of registered agent.								
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	ed Agent eignsture require	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Con		noing \$5	.00 May Be ded to Fees		-		-
10.	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFFI	CERS AND		
TITLE .				E AE				☐ Change	Addition
STREET ADDRESS	3225 VINCENT ROAD			EET ADDRESS	,		,		
TITLE	WEST PALM BEACH, FL 33405	KXDelete	TITL	Y-ST-ZIP				☐ Chance	Addition
NAME	SMITH, GARLAND F JR			ME .					
STREET ADDRESS CITY-ST-ZIP	.0.2.0			EET ADDRESS Y-ST-ZIP					
TITLE '-	- □ Delete ⊤⊓			I				Change	- Addition
NAME STREET ADDRESS			NAA STR	LEET ADDRESS					
CITY-ST-ZIP			CIT	Y-ST-ZIP				·· <u>-</u>	
TITLE NAME		☐ Delete	TITI Naj	I				☐ Change	Addition
STREET ADDRESS			STR	EET ADDRESS					
CITY-ST-ZIP		☐ Delete	CIT	Y-ST-ZIP				☐ Change	Addition
NAME			NA)	WE					_
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS Y-ST-ZIP					
TITLE		☐ Delete	. 100		<u>.</u>		···	☐ Change	Addition
NAME STREET ADDRESS			NAJ STE	ME . ' REET ADORESS			•		
CITY- ST-ZIP		· · · · · · · · · · · · · · · · · · ·	сят	Y-ST-ZIP					
12. I hereby indicated of the co-	certify that the information supplied wit d on this report or supplemental report proration or the receiver or trustee emp t, or on an attachment with an address.	h this filing does not qualify find the strue and accurate and that sowered to execute this report with all other like empowere.	or the ex my signa rt as requ d.	emption stated in S ature shall have the uired by Chapter 60	Section 119.07(3 s same legal effe 07, Florida Statu)(i), Florida Statutes. ect as if made under les; and that my nam	I further cer oath; that I le appears i	nify that the i am an officer in Block 10 o	nformation or director r Block 11 if
1						14-05			ļ
SIGNAT	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	B OR DIBE	стоя		/ / C		Daytime Phone #	