


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000118223 1. Entity Name SUPERIOR POOL MANAGEMENT SERVICES, INC.	
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Principal Place of Business SUPERIOR POOLS & SPAS 4350 W SUNRISE BLVD, STE 103 PLANTATION, FL 33313 US	Mailing Address SUPERIOR POOLS & SPAS 4350 W SUNRISE BLVD, STE 103 PLANTATION, FL 33313 US
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03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 60-0000070	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SUGG, RONALD 4350 W SUNRISE BLVD STE 103 PLANTATION, FL 33313	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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	000000309461 04/16/05-80037-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUGG, RONALD 4350 W SUNRISE BLVD STE 103 PLANTATION, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, WILLIAM 4350 W SUNRISE BLVD STE 103 PLANTATION, FL 33313
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DO NOT WRITE IN THIS SPACE	

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 like empowered.

SIGNATURE:  **4/16/05** **954**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #