


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90336 004 ***150.00

DOCUMENT # P02000002593					
1. Entity Name QUALITY BUILT POOLS BY JIM MEWBERN, INC.					
Principal Place of Business 732 SE 10TH STREET OCALA, FL 34471			Mailing Address 732 SE 10TH STREET OCALA, FL 34471		
2. Principal Place of Business 603 SE 12th St.		3. Mailing Address 603 SE 12th St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ocala, FL		City & State Ocala, FL		4. FEI Number 01-0579828	
Zip 34471		Country Marion		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMONS, GARY C 121 NW 3RD STREET OCALA, FL 34475			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input type="checkbox"/> Delete MEWBERN, JAMES B 734 SE 10TH STREET OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Vice Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mewbern, James B. 603 SE 12th St. Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres., Sec./Tres., Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition McDonald, Richard 16574 Haynie Lane Jupiter, FL 33478	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Skeen, Brian C. 104 Paradise Harbor Port St. Lucie, FL 33494	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			4/22/04		352-239-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #