


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90565 048 ***150.00

DOCUMENT # P02000003339					
1. Entity Name D & S POOL DECKS, INC.					
Principal Place of Business 2887 OAK ST. SARASOTA, FL 34237			Mailing Address 2887 OAK ST. SARASOTA, FL 34237		
2. Principal Place of Business 6104 Wauchula Rd		3. Mailing Address 6104 Wauchula Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Myakka City FL		City & State Myakka City FL		4. FEI Number 80-0025551	
Zip 34251		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DARAY, DAVID C 2887 OAK STREET SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6104 WAUCHULA Rd City Myakka City FL Zip Code 34251		
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME DARBY, DAVID C STREET ADDRESS 2887 OAK ST. CITY-ST-ZIP SARASOTA, FL 34237	<input type="checkbox"/> Delete		TITLE PD NAME DARBY DAVID C STREET ADDRESS 6104 WAUCHULA Rd CITY-ST-ZIP Myakka City FL 34251	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME DARBY, SUZANNE STREET ADDRESS 2887 OAK ST. CITY-ST-ZIP SARASOTA, FL 34237	<input type="checkbox"/> Delete		TITLE VD NAME DARBY SUZANNE STREET ADDRESS 6104 WAUCHULA Rd CITY-ST-ZIP Myakka City FL 34251	<input checked="" 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	
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: <i>Suzanne Y Darby</i>			28 Apr 1 05 941/322-1977		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		