


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000005360 1. Entry Name ACADEMY POOL SERVICES, INC.	
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Principal Place of Business 3936 S. SEMORAN BLVD. 149 ORLANDO, FL 32822	Mailing Address 3936 S. SEMORAN BLVD. 149 ORLANDO, FL 32822
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DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2578512	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

HERNANDEZ, BENJAMIN
 3936 SOUTH SEWORAN BLVD. SUITE 149
 ORLANDO, FL 32822

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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 _____ (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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERNANDEZ, BENJAMIN SR 3936 SOUTH SEWORAN BLVD. SUITE 149 ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PLARK, THOMAS J 4954 SANOMA VILLAGE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HERNANDEZ, BENJAMIN III 930 MINNESOTA AVE. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/28/05-80063-01? 150.00

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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: *Ben Hernandez* 4-25-05 Cell 407-415-4629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #