2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2004 08:00-AM DOCUMENT # P02000015568 **Secretary of State** POOLS 'N MORE OF CORAL SPRINGS, INC. Principal Place of Business Mailing Address 10700 WILES RD. 2721 N W 112TH AVENUE POMPANO BEACH, FL 33076 CORAL, FL 33065 04132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0388315 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSON, THOMAS DO NOT WRITE 2721 N W 112TH AVENUE **CORAL, FL 33065** IN THIS SPACE 5. 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, typod or printed name of registered agent and title it applicable (HOTE, Registered Agent signature required when reinstating) U00000116937 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be 04/16/04-80084-023 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS me NAME JOHNSON, THOMAS STREET ADDRESS 2721 N W 112TH AVENUE CITY-ST-ZIP **CORAL, FL 33065** TITLE NAME STREET ADDRESS CITY-ST-ZIP BHF HAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

D NAME OF SIGNING OFFICER OR I

Morrisa

SIGNATURE AND TYPED OF

SIGNATURE:

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