


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90001 013 ***550.00

DOCUMENT # P02000022145	
1. Entity Name DAILEY POOL COMPANY, INC.	

Principal Place of Business 72 SW 4TH STREET HOMESTEAD, FL 33030	Mailing Address 72 SW 4TH STREET HOMESTEAD, FL 33030
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54069938

2. Principal Place of Business 815 N. Homestead Blvd #502	3. Mailing Address 815 N. Homestead Blvd #502
Suite, Apt. #, etc. #502	Suite, Apt. #, etc. #502
City & State Homestead FL	City & State Homestead FL
Zip 33030	Zip 33030
Country	Country



08232004 Chg-P CR2E034 (10/03)

4. FEI Number 03-0401301		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DAILEY, JOHN M 72 SW 4TH STREET HOMESTEAD, FL 33030		
7. Name and Address of New Registered Agent Name John m Dailey Street Address (P.O. Box Number is Not Acceptable) 20201 S.W. 316TH ST. City Homestead FL Zip Code 33030		

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 **John m. Dailey** (NOTE: Registered Agent signature required when registering) **8/24/04** DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAILEY, JOHN M 72 SW 4TH STREET HOMESTEAD, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John m. Dailey 20201 S.W. 316 TH ST. Homestead FL. 33030 <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
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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: **John m. Dailey** **John m. Dailey** **8/24/04** **786-586-8296**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #