

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040470

FILED
Jan 08, 2004
Secretary of State

Entity Name: TROPICAL POOLS & SPAS OF SW FLORIDA, INC.

Current Principal Place of Business:

1536 SOUTH MCCALL RD
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

1536 SOUTH MCCALL RD
ENGLEWOOD, FL 34223

New Mailing Address:

PO BOX 212
BOCA GRANDE, FL 33921

FEI Number: 55-0802190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICARLO, RALPH
1536 SOUTH MCCALL RD
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

DICARLO, RALPH
PO BOX 1947
BOCA GRANDE, FL 33921 US

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.

SIGNATURE:

01/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DICARLO, RALPH
Address: PO BOX 1947
City-St-Zip: BOCA GRANDE, FL 33921

Title: V () Delete
Name: CASA, JOHN
Address: 13197 DORAL AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: CASA, ANTHONY
Address: 1383 NARAMORE ST.
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH DICARLO

P

01/08/2004

Electronic Signature of Signing Officer or Director

Date