


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-26-2004 90473 045 ***150.00

DOCUMENT # P02000045848

1. Entity Name
POOL EXPERTS, INC.



Principal Place of Business
6574 N. ST. RD. 7, #235
COCONUT CREEK FL 33073

Mailing Address
6574 N. ST. RD. 7, #235
COCONUT CREEK FL 33073

2. Principal Place of Business
825 SW 26th St
 Suite, Apt. #, etc.

3. Mailing Address
825 S.W. 26th St
 Suite, Apt. #, etc.

City & State
Ft Lauderdale Florida

City & State
Ft Lauderdale FL

Zip
33315

Country
USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

BASFORD, JULIA
6574 N. ST. RD. 7, #235
COCONUT CREEK FL 33073

4. FEI Number **30-0064244**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name **Julia Basford**

Street Address (P.O. Box Number is Not Acceptable)
825 SW 26th St

City **Ft Lauderdale** State **FL** Zip Code **33315**

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 *Julia Basford* DATE **3-31-04**

Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BASFORD, JULIA	
STREET ADDRESS	6574 N. ST. RD. 7, #235	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	V	<input type="checkbox"/> Delete
NAME	BASFORD, MICHAEL	
STREET ADDRESS	843 SW 19TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Julia Basford	
STREET ADDRESS	825 SW 26th St	
CITY-ST-ZIP	Ft Lauderdale FL 33315	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Basford	
STREET ADDRESS	825 SW 26th St	
CITY-ST-ZIP	Ft Lauderdale FL 33315	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Julia Basford* DATE **3-31-04** Daytime Phone # **954-650-7710**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR