2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Jun 10, 2004 8:00 am
Secretary of State
05-24-2004 90011 036 ***150.00

DOCUMENT # P02000072011

1. Entity Name

POOL MECHANICS, INC.

Principal Place of Business	Mailing Address
HILLSBOROUGH COUNTY 5921 OAK RIVER DR. TAMPA FL 33615	HILLSBOROUGH COUNTY 5921 OAK RIVER DR. TAMPA FL 33615

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Hillsborough County	3606 Greenstone Pl
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Valrico, Fl 33594
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 30-0091203 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~STRAWN, GWENDOLYN B~~ 9819 PINE WAY TAMPA FL 33615 incorrect, only officer	Name Daryle Lynn Burch Street Address (P.O. Box Number is Not Acceptable) 5921 Oak River Dr City Tampa FL Zip Code 33615

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 _____ May 15, 04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary STRAWN, GWEDOLYN B 9819 PINE WAY TAMPA FL 33635	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Gwendolyn Strawn 3606 Greenstone Pl Valrico, Fl 33594	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer yuri olszewski Nt Villia Palm Apt 22nd St Tampa Fl 33613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President - Officer Daryle Lynn Burch 5921 Oak River Dr Tampa Fl 33615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President or Officer yuri T olszewski	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ May 8th, 04 (813)810-8128
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #