2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2005 08:00 AM DOCUMENT # P02000089536 **Secretary of State** SUNBURST POOLS, INC. Principal Place of Business Mailing Address 2121-B CORPORATE SQUARE BLVD 2121-B CORPORATE SQUARE BLVD STE 269 STE 269 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FELNumber Applied For 30-0128664 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MAXWELL, RONALD WESQ DO NOT WRITE 1812 UNIVERSITY BLVD S JACKSONVILLE, FL 32216-8931 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GROGER, GERRY R NAME STREET ADDRESS 8139 SHADY GROVE RD. U00000180920 _01/14/05-80023-021 150.00 JACKSONVILLE, FL 32257 CITY-ST-7IP TILE NAME GROGER, PEGGY A 8139 SHADY GROVE RD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP THE

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 fall have the safe 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 807, Forida 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.

NAME STREET ADDRESS CITY-ST-ZIP

FILED