


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90179 018 ***150.00

DOCUMENT # P02000107145		
1. Entity Name POOLSATOZ.COM, INC.		

Principal Place of Business 901-C SOUTH FEDERAL HIGHWAY FORT PIERCE, FL 34950	Mailing Address 6008 CITRUS AVE FORT PIERCE, FL 34982
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24072089



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 901-C South Federal Highway Suite, Apt. #, etc.
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04212004 Chg-P CR2E034 (10/03)

City & State Fort Pierce FL	City & State Fort Pierce FL
Zip 34950	Country USA

4. FEI Number 54-2079683	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HILAIRE, GEOFFROY P 6008 CITRUS AVE FORT PIERCE, FL 34982	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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 HILAIRE, GEOFFROY P 6008 CITRUS AVE FORT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another, and empowered.

SIGNATURE:  **GEOFFROY P HILAIRE** 4/26/04 772-468-7946
Signature, typed or printed name of signing officer or director Date Daytime Phone *