


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000107481		
1. Entity Name DREAM WEAVER POOLS INC.		
Principal Place of Business 474 NORTH H.L. SMITH RD. HAINES CITY, FL 33844	Mailing Address P.O. BOX 7423 WINTER HAVEN, FL 33883	



01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1849707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEAVER, ELIZABETH 474 NORTH H.L. SMITH RD. HAINES CITY, FL 33844

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ (NOTE: Registered Agent signature required when reinstating) 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	U000000151351 05/04/04-80044-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS WEAVER, RICHAD T 474 NORTH H.L. SMITH RD HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT WEAVER, ELIZABETH A 474 H.L. SMITH RD NORTH HAINES CITY, FL 33844
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Elizabeth Weaver V.P. and Treas* 04-30-04 863-439-598