## ANNUAL REPORT Jan 31, 2005 8:00 am **Secretary of State** DOCUMENT # P02000117137 01-31-2005 90080 042 \*\*\*158.75 ALOHA SWIMMING POOL COMPANY Principal Place of Business Mailing Address 75 FORRESTAL CIRCLE S 75 FORRESTAL CIRCLE S CUSSUUG ATLANTIC BEACH, FL 32233 ATLANTIC BEACH, FL 32233 3. Mailing Address P.O. Box 50131 2. Principal Place of Business 47 Forrestal Circle South Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Jacksonville Beach FL Atlantic Beach 82-0586752 Not Applicable Country \$8.75 Additional 32233 5. Certificate of Status Desired 32240 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Paul BIED BIRD, PAUL D Ъ. Street Address (P.O. Box Number is Not Acceptable), H7 Forrestal Circle South 75 FORRESTAL CIRCLE S ATLANTIC BEACH, FL 32233 8. The above named entity submits this statement for the purpose of changing its registered office or registered degent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered degent. the obligations of registered agent. SIGNATURE Paul D. BIRD 01-10-09 1.4 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature requ DATE J. 11 Garage 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Added to Fees After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. - -OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE BIRD, PAUL D NAME NAME 75 FORRESTAL CIRCLE S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH, FL 32233 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change : ELM-BIED, ELENA M ELM-BIRD, ELENA M NAME NAME 47 Forrestal Circle South 75 FORRESTAL CIRCLE S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH, FL 32233 CITY-ST-ZIP Atlantic Beach, FL 32233 TITLE TITLE ☐ Delete - Change Ricky Delgado 47 Forrestal Circle South NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Atlantic Beach, FL 32233 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY\_ST\_7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with his bling 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 proposed 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 additional virtual and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee proposed 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 additional virtual statement of the corporation of the receiver or trustee proposed to the corporation of the receiver or trustee proposed 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 additional virtual statement of the corporation of the receiver or trustee proposed to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

01-10-05