


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P02000121595 1. Entity Name GOTHIC POOLS INC. |  |
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| Principal Place of Business 15248 SOUTH TAMiami TRAIL SUITE 300 FT. MYERS, FL 33908 US | Mailing Address 15248 SOUTH TAMiami TRAIL SUITE 300 FT. MYERS, FL 33908 US |
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02092005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 32-0042124 | Applied For Not Applicable |
| 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 SPENCER, PETER 15248 SOUTH TAMiami TRAIL SUITE 300 FT. MYERS, FL 33908 |
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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.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11010000226272
02/12/05-80009-015 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SPENCER, PETER 15248 SOUTH TAMiami TRAIL SUITE 300 FT. MYERS, FL 33908 |
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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 all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date February 9 2005 Daytime Phone # _____