

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000123438

FILED
Nov 09, 2004
Secretary of State

Entity Name: PROFESSIONAL POOLS & CUSTOM CONCRETE, INC.

Current Principal Place of Business:

17329 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 9790
PANAMA CITY BEACH, FL 32413

New Mailing Address:

POST OFFICE BOX 9790
PANAMA CITY BEACH, FL 32417

FEI Number: 51-0438375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKINS, JOHN W ESQ.
607 HIGHWAY 98 EAST
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: BOWLES, STEPHEN
Address: PO BOX 4790
City-St-Zip: PANAMA CITY, FL 32417

Title: TS () Delete
Name: BOWLES, CYNTHIA
Address: PO BOX 9790
City-St-Zip: PANAMA CITY, FL 32417

Title: O () Delete
Name: BOWLES, LACINDA N
Address: PO BOX 9740
City-St-Zip: PANAMA CITY, FL 32417

Title: O () Delete
Name: BOWLES, STEPHEN L JR.
Address: PO BOX 9790
City-St-Zip: PANAMA CITY, FL 32417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change () Addition
Name: BOWLES, STEPHEN L
Address: PO BOX 4790
City-St-Zip: PANAMA CITY, FL 32417

Title: TS (X) Change () Addition
Name: BOWLES, CYNTHIA A
Address: PO BOX 9790
City-St-Zip: PANAMA CITY, FL 32417

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA A. BOWLES

MRS

11/09/2004

Electronic Signature of Signing Officer or Director

_____ Date