

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126885

FILED
Apr 20, 2004
Secretary of State

Entity Name: CHARZ AQUATIC, INC.

Current Principal Place of Business:

5539 SILVER SPUR DRIVE
HOLIDAY, FL 34690

New Principal Place of Business:

7631 CAYUGA DRIVE
NEW PORT RICHEY, FL 34653

Current Mailing Address:

5539 SILVER SPUR DRIVE
HOLIDAY, FL 34690

New Mailing Address:

7631 CAYUGA DRIVE
NEW PORT RICHEY, FL 34653

FEI Number: 16-1640653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLIER, JAMES H SR
9110 STERLING LANE
PORT RICHEY, FL 34668 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SYLVESTER, GERALD R
Address: 5539 SILVER SPUR DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: SYLVESTER, CHARLENE M
Address: 5539 SILVER SPUR DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: SIMMONDS, KRISTI S
Address: 7631 CAYUGA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SYLVESTER, GERALD R
Address: 7419 ASTOR DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: SYLVESTER, CHARLENE M
Address: 7419 ASTOR DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

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

Title: D () Change (X) Addition
Name: SYLVESTER, TERESE R
Address: 3410 SEFFNER DRIVE
City-St-Zip: HOLIDAY, FL 34691

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: GERALD R. SYLVESTER

P

04/20/2004

Electronic Signature of Signing Officer or Director

Date