


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2004 8:00 am
Secretary of State

06-25-2004 90001 050 ***150.00

DOCUMENT # P03000010753	
1. Entity Name PELICAN POOL CARE OF SOUTHWEST FLORIDA, INC.	

Principal Place of Business 2928 INDIGO BUSH WAY NAPLES, FL 34105	Mailing Address 2928 INDIGO BUSH WAY NAPLES, FL 34105
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2. Principal Place of Business 28630 North Diesel Drive Suite, Apt. #, etc.	3. Mailing Address 28630 North Diesel Drive Suite, Apt. #, etc.
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City & State Bonita Springs, FL Zip 34135 Country USA	City & State Bonita Springs, FL Zip 34135 Country USA
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06212004 Chg-P CR2E034 (10/03)

4. FEI Number 06-1673699	Applied For <input type="checkbox"/> Not Applicable
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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 LOTTE, KEVIN R ESQ 5801 PELICAN BAY BLVD STE 300 NAPLES, FL 34108	
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7. Name and Address of New Registered Agent Name Kevin R. Lottes, Esq. Street Address (P.O. Box Number is Not Acceptable) 1395 Panther Lane, Suite 300 City NAPLES FL Zip Code 34109	
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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 *Kevin R. Lottes* **6/21/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director/Vice Pres/Sec'y <input type="checkbox"/> Delete Diane LoCascio 28630 North Diesel Drive Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input type="checkbox"/> Delete Matt Ross 28630 North Diesel Drive Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Diane LoCascio* **Diane LoCascio, Director/VP/Sec'y** **6/21/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #