

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000012937

FILED
Aug 24, 2004
Secretary of State

Entity Name: AMERICAN POOLS & SPAS, INC.

Current Principal Place of Business:

1521 KELLEY AVENUE
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1521 KELLEY AVENUE
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 85-0487484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHARTON, MARGARET A
456 SOUTH CENTRAL AVENUE
OVIDO, FL 32765

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: D () Delete
Name: EVANS, WILLIAM B
Address: 781 N. BELFAST PLACE
City-St-Zip: CHULUOTA, FL 32766

Title: D () Delete
Name: KING, DON
Address: 400 W. SR #434
City-St-Zip: OVIDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM B. EVANS

D

08/24/2004

Electronic Signature of Signing Officer or Director

_____ Date