2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004
Secretary of State

DOCUMENT# P03000019440

Entity Name: POOLS N MORE REPAIRS & SERVICE, INC.

Current Principal Place of Business:

4408 PETERS ROAD
FT. LAUDERDALE, FL 33317

New Principal Place of Business:

Current Mailing Address:

4408 PETERS ROAD
FT. LAUDERDALE, FL 33317

New Mailing Address:

1844 N NOB HILL ROAD
615
FT. LAUDERDALE, FL 33317

FEI Number: 41-2080991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLEMAN, BRIAN
4408 PETERS ROAD
FT. LAUDERDALE, FL 33317

Name and Address of New Registered Agent:

COLEMAN, MEL
1844 N NOB HILL ROAD
615
PLANTATION, FL 33322

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: MEL COLEMAN 03/11/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COLEMAN, MELVIN
Address: 4408 PETERS ROAD
City-St-Zip: FT. LAUDERDALE, FL 33317

Title: VD (X) Delete
Name: COLEMAN, BRIAN
Address: 4408 PETERS ROAD
City-St-Zip: FT. LAUDERDALE, FL 33317

Title: D (X) Delete
Name: COLEMAN, DARNELL
Address: 4408 PETERS ROAD
City-St-Zip: FT. LAUDERDALE, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COLEMAN, MEL
Address: 4408 PETERS ROAD
City-St-Zip: FT. LAUDERDALE, FL 33317

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: MEL COLEMAN PD 03/11/2004
Electronic Signature of Signing Officer or Director Date