2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025377

Entity Name: FANTASY POOLS OF NORTH FLORIDA, INC.

FILED Apr 18, 2005 Secretary of State

,			27, 1170.		
Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	WOOD LANE PARK, FL 32	273			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
POST OFFICE BOX 16952 JACKSONVILLE, FL 322456952				238 OLD HARD ROAD ORANGE PARK, FL 32073	
FEI Number:	: 37-1460844	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
351 WILD\	DER, GEORG WOOD LANE PARK, FL 32				
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	gent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSTD (SCHWENDER 316 BLAKE AV ORANGE PAR	/E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (WATSON, HIL 238 OLD HAR ORANGE PAR	O RD	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: HILLARY WATSON JR. VPD 04/18/2005