

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030096

Entity Name: DOWNES POOL INC.

FILED
Mar 22, 2005
Secretary of State

Current Principal Place of Business:

20 S BROAD STREET
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

20 S BROAD STREET
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 02-0681140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA & OFFSHORE BUSINESS FORMATION, INC
.10 S BROAD STREET
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

FLORIDA & OFFSHORE BUSINESS FORMATION, INC
20 S BROAD STREET
BROOKSVILLE, FL 34601 US

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:

03/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOWNES, LOU
Address: 20 S BROAD STREET
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: SHAW, DAVID
Address: 20 S BROAD STREET
City-St-Zip: BROOKSVILLE, FL 34601

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: LOU DOWNES

D

03/22/2005

Electronic Signature of Signing Officer or Director

Date