

P03000031196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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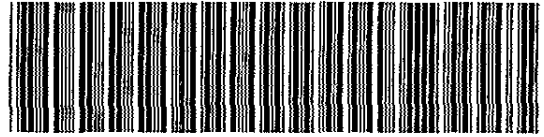
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Clarion Pools, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000031196

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Douglas F. Wing  
(Name of Person)

Clarion Pools, Inc.  
(Name of Firm/Company)

4051 Rock Creek Dr.  
(Address)

Pt. Charlotte, FL 33948  
(City/State and Zip Code)

For further information concerning this matter, please call:

Douglas F. Wing at (941) 815-8885  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, William E. Gray, Jr., hereby resign as Secretary  
(Title)

of Clarion Pools, Inc.  
(Name of Corporation)

00300001196, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

William E. Gray, Jr.  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314