


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000031536	
1. Entity Name FIBERGLASS SWIMMING POOLS, INC.	

Principal Place of Business 1637 W. GULF TO LAKE HWY LECANTO, FL 34461 US	Mailing Address 1637 W. GULF TO LAKE HWY LECANTO, FL 34461 US
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BATTERSON, JOSHUA M 1637 W. GULF TO LAKE HWY LECANTO, FL 34461

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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, V BATTERSON, JOSHUA M 519 S. LEONA AVENUE LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T BATTERSON, JOSHUA M 519 S. LEONA AVENUE LECANTO, FL 34461
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02/25/05-80048-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	