2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004
Secretary of State

DOCUMENT# P03000034742

Entity Name: POOL DOCTORS OF ST. LUCIE, INC.

Current Principal Place of Business:

5801 N.W. BASSWOOD ST.
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

5801 N.W. BASSWOOD ST.
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 80-0060507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IURILLI, THOMAS G
5801 N.W. BASSWOOD ST.
PORT ST. LUCIE, FLORIDA, FL 34986 US

Name and Address of New Registered Agent:

CENTURY SMALL BUSINESS SOLUTIONS
PO BOX 880577
PORT ST. LUCIE, FLORIDA, FL 349880507 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: SAMUEL G. DAVIS 07/06/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: IURILLI, THOMAS G
Address: 5801 N.W. BASSWOOD ST.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP ( ) Delete
Name: IURILLI, RENEE
Address: 5801 N.W. BASSWOOD ST.
City-St-Zip: PORT ST. LUCIE, FL 34986

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: THOMAS G IURILLI PRES 07/06/2004
Electronic Signature of Signing Officer or Director Date