

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90030 022 ***150.00

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1. Entity Name
J.S. POOL SERVICE INC.

Principal Place of Business
**5659 N.W. 195 TERR.
 MIAMI, FL 33055**

Mailing Address
**5659 N.W. 195 TERR.
 MIAMI, FL 33055**



94040299



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
4391 NW 175 ST
 Suite, Apt. #, etc.
 City & State
MIAMI FL
 Zip Country
33055 USA

01222004 Chg-P CR2E034 (10/03)

4. FEL Number
56-2365095 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SIMPSON, JULIO A
 5659 N.W. 195 TERR.
 MIAMI, FL 33055**

7. Name and Address of New Registered Agent
 Name **JULIO A. SIMPSON**
 Street Address (P.O. Box Number is Not Acceptable)
4391 NW 175 ST
 City **MIAMI** State **FL** Zip Code **33055**

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 *Julio A Simpson* DATE **1-22-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	D
NAME	SIMPSON, JULIO A	NAME	SIMPSON, JULIO A
STREET ADDRESS	5659 N.W. 195 TERR.	STREET ADDRESS	4391 NW 175 ST
CITY-ST-ZIP	MIAMI, FL 33055	CITY-ST-ZIP	MIAMI FL 33055
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Julio A Simpson* DATE **1-22-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #