

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90021 023 \*\*\*150.00

<b>DOCUMENT # P03000043158</b> 1. Entity Name <b>KW LEAFE POOL CONSTRUCTION, INC.</b>			
Principal Place of Business <b>6478 WINDING LAKE DR. JUPITER, FL 33458</b>		Mailing Address <b>6478 WINDING LAKE DR. JUPITER, FL 33458</b>	
2. Principal Place of Business <b>1408 N. KILIAN DRIVE</b> Suite Apt. #, etc. <b>109</b>		3. Mailing Address <b>1408 N. KILIAN DRIVE</b> Suite Apt. #, etc. <b>109</b>	
City & State <b>LAKE PARK, FLORIDA</b> Zip <b>33403</b>		City & State <b>LAKE PARK, FLORIDA</b> Zip <b>33403</b>	
Country <b>PALM BEACH</b>		Country <b>PALM BEACH</b>	
6. Name and Address of Current Registered Agent  <b>LEAFE, KENNETH W</b> <b>6478 WINDING LAKE DR.</b> <b>JUPITER, FL 33458</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>KW Leafe</i></u> <b>KENNETH W. LEAFE, PRESIDENT</b> <span style="float: right;">01/22/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEAFE, KENNETH W 6478 WINDING LAKE DR. JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEAFE, JASON K 5305 53RD WAY WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>KW Leafe</i></u> <b>KENNETH W. LEAFE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		01/22/04 (561) 296-1200 <small>Date Daytime Phone #</small>	