2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2005 8:00 am Secretary of State 05-04-2005 90190 038 ***150.00 DOCUMENT # P03000047703 T. K. POOL HEATING INC. Mailing Address Principal Place of Business 50048613 701 22 AVE W 701 22 AVE W BRANDENTON, FL 34205 BRANDEKTON, FL 34205 PLA DEMITON BRADENTON CR2E034 (10/03) 03232005 No Chq-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0781748 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KOSTELNIK, TROY DO NOT WRITE 701 22 AVE W BRANDENTON, FL 34205 IN THIS SPACE BLADENTON 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE KOSTELNIK, TROY NAME STREET ADDRESS 701 22 AVE W BRANDENTON, FL 34205 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE Chit-51-20 IN THIS SPACE TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED