


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P03000065711 |  |
| 1. Entity Name DREAM BUILDERS POOL & SPA, INC. | |

| | |
|--|--|
| Principal Place of Business 911 NE 10TH STREET LEE, FL 33909 | Mailing Address 911 NE 10TH STREET LEE, FL 33909 |
|--|--|

DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

| | |
|--|-------------------------------|
| 4. FEI Number 06-1698779 | 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 PAXTON, HEATHER D 911 NE 10TH STREET LEE, FL 33909 | |
|---|--|

| | |
|---|---|
| 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>Heather Paxton</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE <u>3-4-05</u> <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 |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PAXTON, PAUL T 911 NE 10TH STREET CAPE CORAL, FL 33909 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PAXTON, HEATHER D 911 NE 10TH STREET CAPE CORAL, FL 33909 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JACKOWICZ, TRACI 535 SE 3RD TERR CAPE CORAL, FL 33990 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

1000000272836
03/23/05-80004-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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>Heather Paxton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <u>3-4-05</u> Daytime Phone # <u>239-458-4005</u> |
|---|---|