


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90352 047 ***150.00

DOCUMENT # P03000088338 1. Entity Name CORAL POOLS, INC.					
Principal Place of Business 1966 24TH PLACE SW VERO BEACH, FL 32962			Mailing Address 1966 24TH PLACE SW VERO BEACH, FL 32962		
2. Principal Place of Business 945 36th Court SW Suite, Apt. #, etc. 1008		3. Mailing Address 945 36th Court SW Suite, Apt. #, etc.			
City & State VERO BEACH		City & State VERO BEACH, FL			
Zip 32968	Country USA	Zip 32968	Country USA Indian River		
6. Name and Address of Current Registered Agent RILEY, SHAWN 1966 24TH PLACE SW VERO BEACH, FL 32962				7. Name and Address of New Registered Agent Name Shawn Riley Street Address (P.O. Box Number is Not Acceptable) 945 36th Court SW City VERO BEACH FL Zip Code 32968	
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: Shawn Riley (NOTE: Registered Agent signature required when reinstating) DATE: 4/28/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, SHAWN 1966 24TH PLACE SW VERO BEACH, FL 32962	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, MICHAEL P 1966 24TH PLACE SW VERO BEACH, FL 32962	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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: Shawn Riley DATE: 4/28/04 Daytime Phone #					