2004 FOR PROFIT CORPURATION ANNUAL REPORT

SIGNATURE: 2

FILED Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # P03000113246** BIRD SONG POOL WORKS, INC. 04-21-2004 90040 034 ***150.00 Principal Place of Business Mailing Address 7921 W GROVE ST. 7921 W GROVE ST. HOMOSASSA, FL 34446 HOMOSASSA, FL 34446 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 57-1188920 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIRDSONG, MICHAEL L. 👵 Street Address (P.O. Box Number is Not Acceptable) 7921 W GROVE ST. HOMOSASSA, FL 34446 City Zip Code 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. nne ☐ Addition TITLE Delete Change BIRDSONG, MICHAEL L NAME NAME STREET ADDRESS 7921 W GROVE ST STREET ADDRESS CITY-ST-ZIP HOMOSASSA, FL 34446 CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete nne Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-78P ☐ Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.