## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114675

Entity Name: CHUCK'S POOL PLUMBING INC.

## FILED Feb 07, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|                                      |                                  |

309 S. JESSICA STREET 109 AQUILA ST NORTH NOKOMIS, FL 34275 NOKOMIS, FL 34275 US

**Current Mailing Address: New Mailing Address:** 

309 S. JESSICA STREET 109 AQUILA STREET NORTH NOKOMIS, FL 34275 NOKOMIS, FL 34275 US

FEI Number: 20-0316136 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEWELLYN, CHARLES A SR LEWELLYN, CHARLES A SR 309 S. JESSICA STREET 109 AQUILÁ ST NORTH NOKOMIS, FL 34275 NOKOMIS, FL 34275

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.

SIGNATURE: CHARLES LEWELLYN 02/07/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: (X) Change ( ) Addition ( ) Delete Title: LEWELLYN, CHARLES A JR. LEWELLYN, CHARLES A JR. Name: Name: 309 S. JESSICA STREET 109 AQUILA ST NORTH Address: Address: City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: NOKOMIS, FL 34275

Title: () Delete Title: VΡ ( ) Change (X) Addition Name:

Name: MORIN, JOEL M

102 NORTH ORANGE GROVE AVE Address: Address:

NOKOMIS, FL 34275 US City-St-Zip: City-St-Zip:

Title: Title: ( ) Change (X) Addition () Delete

Name: MUSIC, ERIC C Name: 503 PINEWOOD RD Address: Address: City-St-Zip: City-St-Zip: NOKOMIS, FL 34275 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES A LEWELLYN JR DP 02/07/2005