

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119629

FILED
May 12, 2005
Secretary of State

Entity Name: PARADISE CUSTOM POOLS OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

4403 SE 16TH PLACE
SUITE 2
CAPE CORAL, FL 33904

New Principal Place of Business:

2220 SW 17 AVE
CAPE CORAL, FL 33914

Current Mailing Address:

4403 SE 16TH PLACE
SUITE 2
CAPE CORAL, FL 33904

New Mailing Address:

2202 SW 17 AVE
CAPE CORAL, FL 33914

FEI Number: 20-0336170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, CHRISTOPHER
4403 SE 16TH PLACE
SUITE 2
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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: CHRISTOPHER S KNIGHT

05/12/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: KNIGHT, CHRISTOPHER
Address: 4403 SE 16TH PLACE, SUITE 2
City-St-Zip: CAPE CORAL, FL 33904

Title: T () Delete
Name: KNIGHT, SHELBY
Address: 4403 SE 16TH PLACE, SUITE 2
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: WALKOS, GERALD
Address: 2220 DW 17 AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: D (X) Change () Addition
Name: KNIGHT, CHRISTOPHER S
Address: 4627 SW 14 AVE
City-St-Zip: CAPE CORAL, FL 33914

Application accepted in error with new registered agent and signature not matching.

New registered agent removed and updated to reflect original registered agent. mem 6/5/05

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: CHRISTOPHER S KNIGHT

D

05/12/2005

Electronic Signature of Signing Officer or Director

Date