2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 24, 2004 8:00 am Secretary of State **DOCUMENT # P03000127167** 1. Entity Name 08-24-2004 90002 046 ***150.00 D & E POOLS/SPAS INC. Principal Place of Business Mailing Address 2154 VICTORY GARDEN LANE 2154 VICTORY GARDEN LANE TALLAHASSEE FL 32301 54069651 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) MOORE 4. FEI Number 20 - 0367565 City & State City & State Applied For Not Applicable Zip Country Zip 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 Name LUNDQUIST, ERIC Street Address (P.O. Box Number is Not Acceptable) 2154 VICTORY GARDEN LANE TALLAHASSEE FL 32301 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 \$.607,193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies i Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CEO Change ☐ Addition TITLE ☐ Delete TITLE LUNDQUIST, DAVID NAME STREET ADDRESS 455 BEAVER LAKE RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition LUNDQUIST, ERIC NAME STREET ADDRESS 2154 VICTORY GARDEN LANE STREET ADDRESS TALLAHASSEE FL 32301 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change ☐ Addition NAME MOORE, RONALD NAME STREET ADDRESS 2155 VICTORY GARDEN LANE STREET ADDRESS CITY-ST-7IP TALLAHASSEE FL 32301 CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. If 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

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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