

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000137089

Entity Name: PLASTERS POOLS, INC.

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

11310 N.W. 29TH ST.
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

11310 N.W. 29TH ST.
SUNRISE, FL 33322

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, CARNELL JR.
11310 N.W. 29TH ST.
SUNRISE, FL 33322 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MASON, CARNELL JR.
Address: 11310 N.W. 29TH ST.
City-St-Zip: SUNRISE, FL 33322

Title: V () Delete
Name: WILLIAMS, NATHANIEL
Address: 11310 N.W. 29TH ST.
City-St-Zip: SUNRISE, FL 33322

Title: V () Delete
Name: SMITH, DEMARICK D
Address: 11310 N.W. 29TH ST.
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARNELL MASON JR

P

04/22/2005

Electronic Signature of Signing Officer or Director

Date