

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137312

FILED
Jun 29, 2005
Secretary of State

Entity Name: CLASSIC DESIGN POOLS, INC.

Current Principal Place of Business:

6434 EDEN LANE
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

6434 EDEN LANE
TAMPA, FL 33634

New Mailing Address:

FEI Number: 75-3098354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEBERTE, WILLIAM V
6434 EDEN LANE
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

WALKER, ROBERT I
4006 SAN LUIS ST
TAMPA, FL 33629 US

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: ROBERT WALKER, CPA

06/29/2005

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: DPST () Delete
Name: LEBERTE, WILLIAM V
Address: 6434 EDEN LANE
City-St-Zip: TAMPA, FL 33634

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: LEBERTE, WILLIAM V
Address: 6434 EDEN LANE
City-St-Zip: TAMPA, FL 33634 US

Title: S () Change (X) Addition
Name: LEBERTE, RICHARD P
Address: 6434 EDEN LANE
City-St-Zip: TAMPA, FL 33634 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: WILLIAM LEBERTE

DPT

06/29/2005

Electronic Signature of Signing Officer or Director

Date