

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 16 AM 10:29

DOCUMENT # P03000144331 1. Entity Name FRIENDLY SUNCOAST POOL CONSTRUCTION COMPANY, INC.					
Principal Place of Business 6437 OTIS RD NORTH PORT, FL 34287		Mailing Address 6437 OTIS RD NORTH PORT, FL 34287			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		10072004 REIN-P CR2E098 (6/04)	
Zip		Country		4. FEI Number 52-2416166	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MIZIO, ARMANDO F 25400 US 19 NORTH SUITE 210 CLEARWATER, FL 33763			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			11/12/2004		
SIGNATURE <u>Armando F. Mizio</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<small>(NOTE: Registered Agent Signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BRANNER, GEORGE R 6437 OTIS RD NORTH PORT, FL 34287	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900041781759 10/11/04--01054--017 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 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: <u>George Branner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			October 5, 2004		(941) 266-2312