

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90314 003 \*\*\*150.00

<b>DOCUMENT # P03000146097</b> 1. Entity Name <b>DUDLEY POOL PREP, INC.</b>																											
Principal Place of Business <b>5900 NW 14TH STREET SUNRISE FL 33313</b>		Mailing Address <b>5900 NW 14TH STREET SUNRISE FL 33313</b>																									
2. Principal Place of Business <b>5900 NW 14ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>5900 NW 14ST</b> Suite, Apt. #, etc.																									
City & State <b>SUNRISE FLORIDA</b> Zip <b>33313</b>		City & State <b>SUNRISE FL</b> Zip <b>33313</b>																									
Country <b>USA</b>		Country <b>USA</b>																									
4. FEI Number <b>56-2421556</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>SMITH, DUDLEY G 5900 NW 14TH STREET SUNRISE FL 33313</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																									
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: <u><i>D. Smith</i></u> (NOTE: Registered Agents signature required when re-registering) Signature: typed or printed name of registered agent and use if applicable (NOTE: Registered Agents signature required when re-registering)																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PSD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, DUDLEY G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5900 NW 14TH STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SUNRISE FL 33313</td> <td></td> </tr> </table>		TITLE	PSD	<input type="checkbox"/> Delete	NAME	SMITH, DUDLEY G		STREET ADDRESS	5900 NW 14TH STREET		CITY - ST - ZIP	SUNRISE FL 33313		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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><i>DUDLEY SMITH</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>(954) 445-7030</b> Daytime Phone #																									