

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151795

FILED  
May 03, 2005  
Secretary of State

Entity Name: ALLIGATOR POOL PRODUCTS, INC.

## Current Principal Place of Business:

4429 HICKS STREET  
SARASOTA, FL 34233

## New Principal Place of Business:

## Current Mailing Address:

4429 HICKS STREET  
SARASOTA, FL 34233

## New Mailing Address:

FEI Number: 52-2421265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, ROBERT  
4429 HICKS STREET  
SARASOTA, FL 34233 US

## Name and Address of New Registered Agent:

WILSON, ROBERT PD  
4429 HICKS STREET  
SARASOTA, FL 34233 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 WILSON

05/03/2005

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: PD ( ) Delete  
Name: WILSON, ROBERT  
Address: 4429 HICKS STREET  
City-St-Zip: SARASOTA, FL 34233

Title: VPD ( ) Delete  
Name: WILSON, JAMES L  
Address: 6371 MAIN STREET  
City-St-Zip: STOUFFVILLE, ON L4A 1G4

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT WILSON

PD

05/03/2005

Electronic Signature of Signing Officer or Director

Date