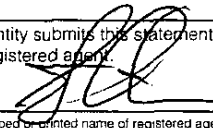
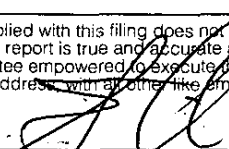


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90324 016 ***150.00

DOCUMENT # P03000152996 1. Entity Name ALL COUNTY POOL SERVICES, INC.			
Principal Place of Business 14391 S.E. 73RD LANE MORRISTOWN FL 32668 US		Mailing Address 14391 S.E. 73RD LANE MORRISTOWN FL 32668 US	
2. Principal Place of Business 14391 SE 73 LN		3. Mailing Address 14391 SE 73 LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MORRISTOWN FL		City & State MORRISTOWN FL	
Zip 32668		Zip 32668	
Country US		Country US	
4. FEI Number 200494590		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNES & JAMES, P.A. 2629 BLAIR STONE ROAD TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Scott Cunningham Street Address (P.O. Box Number is Not Acceptable) 14391 SE 73 LN City MORRISTOWN FL Zip Code 32668	
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 		DATE 4/13/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME CUNNINGHAM, SCOTT	TITLE 	NAME
STREET ADDRESS 14391 S.E. 73RD LANE	CITY-ST-ZIP MORRISTOWN FL 32668	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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: 		Date 4/13/04 Daytime Phone # 3525282816	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			