

2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90298 032 ***150.00

DOCUMENT # P04000001394 1. Entity Name FLORIDA OUTDOOR CUSTOM POOLS & SPAS, INC.			
Principal Place of Business 8642 CONTOURA DRIVE ORLANDO, FL 32810		Mailing Address 8642 CONTOURA DRIVE ORLANDO, FL 32810	
2. Principal Place of Business 304 CRANE COVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State LONGWOOD FL.		City & State	
Zip 32750	Country	Zip	Country
4. FEI Number 32-0107081		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURDA, MARK C 8642 CONTOURA DRIVE ORLANDO, FL 32810		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTs BURDA, MARK C 8642 CONTOURA DRIVE ORLANDO, FL 32810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTs BURDA, MARK C 304 CRANE COVE LONGWOOD FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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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:		MARK BURDA 4/20/05 407 509-1857	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	