## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 26, 2005 8:00 am Secretary of State DOCUMENT # P04000004456 1. Entity Name 04-26-2005 90173 047 \*\*\*150.00 POOL DESIGNS GROUP, INC. Principal Place of Business Mailing Address 133 US HWY 1 ROCKLAND KEY KEY WEST FL 33040 133 US HWY 1 ROCKLAND KEY KEY WEST FL 33040 20046854 2. Principal Place of Business 24843 Overseas 3. Mailing Address Suite, Apt. #, etc. Suite Ant # etc 1st MOORE CR2E034 (10/04) City & State City & State Summerla 4. FEI Number Applied For summerland Not Applicable \$8.75 Additional 5. Certificate of Status Desired 10nroe /υντος Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WICHT SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** CLEVELAND Zip Code 33870 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. WICHT SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE ☐ Delete RUF ☐ Addition WICHT, ALFRED C NAME NAME 133 US HWY 1 ROCKLAND KEY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP TITLE ☐ Delete THE **Change** ☐ Addition WICHT, CHARLES D NAME 9054 Violet STREET ADDRESS 133 US HWY 1 ROCKLAND KEY STREET ADDRESS CITY-ST-7IP KEY WEST FL 33040 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED