


**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

17

01-21-2005 90042 002 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P04000021607</b>			
1. Entity Name HATTERAS POOLS S.E., INC.			
Principal Place of Business 10389 SE 50TH AVE BELLEVUE, FL 34420		Mailing Address 10389 SE 50TH AVE BELLEVUE, FL 34420	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBERTS, JACK 10389 SE 50TH AVE BELLEVUE, FL 34420		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 <i>Jack H Roberts</i>		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	PD ROBERTS, JACK 10389 SE 50TH AVE BELLEVUE, FL 34420 <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: <i>Jack H Roberts</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66002610



01182005 Chg-P CR2E034 (10/03)

4. FEI Number *20-0631108*  
*2006-31108*

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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*Jack H Roberts*

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SIGNATURE: *Jack H Roberts* Date