

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050709

FILED  
Jan 18, 2005  
Secretary of State

Entity Name: POOLS & FOUNTAINS BY DESIGN, INC.

## Current Principal Place of Business:

19143 SKYRIDGE CIR  
BOCA RATON, FL 33498

## New Principal Place of Business:

## Current Mailing Address:

19143 SKYRIDGE CIR  
BOCA RATON, FL 33498

## New Mailing Address:

FEI Number: 11-3714640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAX MANAGEMENT CORP  
C/O ANTHONY V. SALCRNO  
19143 SKYRIDGE CIR  
BOCA RATON, FL 33498 US

## Name and Address of New Registered Agent:

TAX MANAGEMENT CORP  
C/O ANTHONY V. SALERNO  
19143 SKYRIDGE CIR  
BOCA RATON, FL 33498 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:

01/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: SALERNO, VINCENZO  
Address: 19143 SKYRIDGE CIR  
City-St-Zip: BOCA RATON, FL 33498

Title: P ( ) Delete  
Name: SALERNO, ANTHONY V  
Address: 19143 SKYRIDGE CIR  
City-St-Zip: BOCA RATON, FL 33498

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: SALERNO, ANTHONY V CEO  
Address: 19143 SKYRIDGE CIRCLE  
City-St-Zip: BOCA RATON, FL 33498 PB

Title: P (X) Change ( ) Addition  
Name: SALERNO, ANTHONY V PRES.  
Address: 19143 SKYRIDGE CIRCLE  
City-St-Zip: BOCA RATON, FL 33498 PB

Title: T ( ) Change (X) Addition  
Name: SALERNO, ANTHONY V TRES  
Address: 19143 SKYRIDGE CIRCLE  
City-St-Zip: BOCA RATON, FL 33498 PB

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: ANTHONY V. SALERNO

PRES

01/18/2005

Electronic Signature of Signing Officer or Director

Date