2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 04, 2005 8:00 am Secretary of State **DOCUMENT # P04000053966** 1. Entity Name 03-04-2005 90067 023 ***158.75 CORBIN CUSTOM POOLS, INC. Principal Place of Business Mailing Address 120 CAROLINA LAKE DRIVE 120 CAROLINA LAKE DRIVE DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business Mailing Address CR2E034 (10/04) City & State 4. FEI Number Applied For 200928852 FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired UDIUSIA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORBIN CUSTOM POOLS, INC. Street Address (P.O. Box Number is Not Acceptable) 120 CAROLINA LAKE DRIVE 306 ROAD DAYTONA BEACH FL 32114 City 8. The above named entite 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition MOYERS, LEO C NAME NAME 120 CAROLINA LAKE DRIVE #306 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME GEBHARDT, JULIE A NAME STREET ADDRESS 120 CAROLINA LAKE DRIVE #306 STREET ADDRESS CITY-ST-7IP DAYTONA BEACH FL 32114 CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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