2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# P04000060242

Entity Name: SWIMMING POOL LEAK DETECTION SERVICE, INC.

Current Principal Place of Business:

4839 SE 112TH STREET ROAD
BELLEVIEW, FL 34420 US

New Principal Place of Business:

Current Mailing Address:

4839 SE 112TH STREET ROAD
BELLEVIEW, FL 34420 US

New Mailing Address:

FEI Number: 20-1014860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMMETT, JOHN R
5353 SW COLLEGE ROAD
OCALA, FL 34474 US

Name and Address of New Registered Agent:

ADSERBALLE, JUDITH D
4839 S.E. 112TH ST. RD
BELLEVIEW, FL 34420 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: JUDITH D. ADSERBALLE 04/11/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ADSERBALLE, KNUD E
Address: 4839 SE 112TH STREET ROAD
City-St-Zip: BELLEVIEW, FL 34420 US

Title: VP ( ) Delete
Name: ADSERBALLE, JUDITH D
Address: 4839 SE 112TH STREET ROAD
City-St-Zip: BELLEVIEW, FL 34420 US

Title: S ( ) Delete
Name: ADSERBALLE, KENNETH T
Address: 4839 SE 112TH STREET ROAD
City-St-Zip: BELLEVIEW, FL 34420 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JUDITH D. ADSERBALLE V.P. 04/11/2005
Electronic Signature of Signing Officer or Director Date