


**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90290 036 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P04000062098**  
 Entity Name  
**POOLE RESIDENTIAL CONSTRUCTION, INC.**



Principal Place of Business      Mailing Address  
 901 PLANTATION DR                      901 PLANTATION DR  
 PANAMA CITY, FL 32404                      PANAMA CITY, FL 32404

66016882



Principal Place of Business      Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

02122006    Chg-P                      CR2E034 (10/03)

City & State                              City & State

FBI Number: **05-0601722**      Applied For:   
 Not Applicable

Zip      Country                      Zip      Country

Certificate of Status Deceased       \$8.75 Additional Fee Required.

**6. Name and Address of Current Registered Agent**  
**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

I, the above named entity submit 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: \_\_\_\_\_  
Signature type for printed name change and agent and fee applicable. (NOTE: Registered Agent signature required when remaining.)      DATE

**FILE NOW!! FEE IS \$160.00**  
**After May 1, 2005 Fee will be \$880.00**

**8. Election Campaign Financing**  
 Trust Fund Contribution       \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	POOLE, STEVEN H	901 PLANTATION DR	PANAMA CITY, FL 32404	<input type="checkbox"/>
VST	POOLE, MICHELLE A	901 PLANTATION DR	PANAMA CITY, FL 32404	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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 sole proprietor 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 companies.

SIGNATURE: Steven H. Poole      *Steven H. Poole, President*  
 Date: 4-14-05