

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000082164

FILED
May 10, 2006
Secretary of State

Entity Name: POOL BIZ OF SOUTHWEST FL, INC.

Current Principal Place of Business:

5721 FOXLAKE DR #3
N FT MYERS, FL 33917

New Principal Place of Business:

4126 SW 27TH AVE
CAPE CORAL, FL 33914

Current Mailing Address:

5721 FOXLAKE DR #3
N FT MYERS, FL 33917

New Mailing Address:

P.O. BOX 150657
CAPE CORAL, FL 33915

FEI Number: 20-1188547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIZIER, ROBERT J
5721 FOXLAKE DR #3
N FT MYERS, FL 33917 US

Name and Address of New Registered Agent:

BIZIER, ROBERT J
4126 SW 27TH AVE
CAPE CORAL, FL 33914 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: _____

05/10/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BIZIER, LINDA G
Address: 5721 FOXLAKE DR #3
City-St-Zip: N FT MYERS, FL 33917

Title: V () Delete
Name: BIZIER, ROBERT J
Address: 5721 FOXLAKE DR #3
City-St-Zip: N FT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BIZIER, LINDA G
Address: 4126 SW 27TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: V (X) Change () Addition
Name: BIZIER, ROBERT J
Address: 4126 SW 27TH AVE
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LINDA G BIZIER

P

05/10/2006

Electronic Signature of Signing Officer or Director

Date