

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90056 033 ***158.75

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DOCUMENT # P04000111063 1. Entity Name PICK YOUR POOL COMPANY, INC.					
Principal Place of Business 505 AVENUE A, NW SUITE 102 WINTER HAVEN, FL 33881 US			Mailing Address 505 AVENUE A, NW SUITE 102 WINTER HAVEN, FL 33881 US		
2. Principal Place of Business Suite, Apt. #, etc. 892 WESSON DR		3. Mailing Address Suite, Apt. #, etc. P.O. Box 520073		03102005 Chg-P CR2E034 (10/03)	
City & State CASSELBERRY, F.L.		City & State LONGWOOD F.L.		4. FEI Number 30-0294383	
Zip 32707		Country SEMINOLE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32752		Country SEMINOLE		6. Name and Address of Current Registered Agent GOVONI & ASSOCIATES, INC. 505 AVENUE A, NW SUITE 102 WINTER HAVEN, FL 33881	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00.			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKLES, STEVEN J 55 AVON DRIVE, BARNOLOSWICK LANCASHIRE, UK BB18 6ET	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PICKLES, LINDA, M. 892 WESSON DRIVE CASSELBERRY F.L. 32707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PICKLES, STEVEN J. 892 WESSON DRIVE CASSELBERRY F.L. 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby 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.					
SIGNATURE: <u>STEVEN PICKLES</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03-12-05 407 260 7115 <small>Date Daytime Phone #</small>		