

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145510

FILED
Apr 27, 2005
Secretary of State

Entity Name: AQUATIC ESCAPES CUSTOM POOLS, INC.

Current Principal Place of Business:

1111 CEDARTREE AVENUE
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

1111 CEDARTREE AVENUE
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 36-4564704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLINKA, TOMMY F
1111 CEDARTREE AVENUE
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GLINKA, TOMMY F
Address: 1111 CEDARTREE AVENUE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VTD () Delete
Name: GLINKA, ROCHELLE
Address: 1111 CEDARTREE AVENUE
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TOMMY GLINKA

VP

04/27/2005

Electronic Signature of Signing Officer or Director

Date