2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000147102

Address:

City-St-Zip:

465 SE JUPITER TERRACE

PORT SAINT LUCIE, FL 34983 US

Entity Name: EVERGLADES POOL COMPANY, INC.

FILED Apr 27, 2006 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
|---|--|-----------|-----------------------|---|--|--|
| | IPITER TERRA NT LUCIE, FL | | US | | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| P O BOX 9 PORT SAI | 9556 NT LUCIE, FL | 34985 | US | | | |
| FEI Number | : 20-1811425 | FEI Nun | nber Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address | Name and Address of New Registered Agent: | |
| 432 SW L/ | ACCOUNTING AKEHURST DF NT LUCIE, FL | ₹ | 25 US | | | |
| | named entity se of Florida. | ubmits tl | nis statement for the | purpose of changing its register | ed office or registered agent, or both, | |
| SIGNATUI | RE: | | | | | |
| | Electron | ic Signat | ure of Registered Ag | gent | Date | |
| Election Ca | mpaign Financing | Trust Fu | nd Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D,P () KENT, EDWIN 465 SE JUPITEI PORT SAINT LU | | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () KENT, SHARON 465 SE JUPITE PORT SAINT LU | R TERRAC | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | S,T () KENT. SHARON | Delete | | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: EDWIN KENT P 04/27/2006