## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 08:00 AM Secretary of State--

DOCUMENT # P9200003602 L Eatin Name DAVE'S POOL SERVICE, INC.  Principal Place of flusivisis TABPON SPRINGS, RL 34689 US  3. Mailing Address TABPON SPRINGS, RL 34689 US  2. Principal Place of Business  3. Mailing Address TABPON SPRINGS, RL 34689 US  2. Principal Place of Business  3. Mailing Address TABPON SPRINGS, RL 34689 US  3. Mailing Address TABPON SPRINGS, RL 34689 US  4. FEI Number 1933 TABPON SPRINGS, RL 34689 US  4. FEI Number 193-3153450  Country C	ANNOAL REPORT						Secretary of State			
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Name	Zip	Country	Zīp	Country		5. Certificate	of Status Desired			
TOS CRINSON KING TRACE TARPON SPRINGS, FL 34689  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 Fiorde. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  OFFICERS AND DIRECTORS III.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		6. Name and Address of Current I	Registered Agent			7. Name and	Address of New	Registered Agent		
TOS CRIMSON KING TRACE TARPON SPRINGS, FL 34689  8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Sophilizer   Society   Sophilizer   Society   Sophilizer   Society   Sophilizer   Society   Sophilizer   Society	ZUZA, DAVID				Name					
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 Floride. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Topular, typed or primed name of registered agent and 26 / Acokacias (INOTE Registered Agent sphares required when remarking)    FILE NOWILL FEE IS \$150.00	703 CRIMSON KING TRACE				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and size if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  110. OFFICERS AND DIRECTORS  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  DP  CADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  DP  TARPON SPRINGS, FL  Detele  TITE  MME  STREET ADDRESS  CITY-ST-2IP  TULE  MME  STREET ADDRESS  CITY-ST-2IP  TULE  MME  STREET ADDRESS  CITY-ST-2IP  TULE  MME  STREET ADDRESS  CITY-ST-2IP  Detele  TITE  MME  STREET ADDRESS  CITY-ST-2IP  Detele  TITE  MME  STREET ADDRESS  CITY-ST-2IP  Detele  TITE  MME  STREET ADDRESS  CITY-ST-2IP  Change   Addition  MAGE  STREET ADDRESS  CITY-ST-2IP  TULE  MME  STREET ADDRESS  CITY-ST-2IP  Change   Addition  MAGE  STREET ADDRESS  CITY-ST-2IP  TULE  MME  STREET ADDRESS  CITY-ST-2IP  Change   Addition  MME  STREET ADDRESS  CITY-ST-2IP  Change   Addition  MME  STREET ADDRESS  CITY-ST-2IP  TULE  MME  STREET ADDRESS  CITY-ST-2IP  Change   Addition  MME										
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### After May 1, 2004 Fee will be \$50.00    Trust Fund Contribution.	Signature, typed or printed name of registered agent and pile if applicable (NOTE, Registered Agent signature required when rematating)  DATE									
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12. Thereby certify that the information supplied with this liling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further carify 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 early 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

14-30-04 GZ72937-9178

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