2004 FOR PROFIT CORPORATION

Mar 25, 2004 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P9300001797 03-25-2004 90012 005 ***150.00 CUSTOM POOL CONSTRUCTION & SERVICES, INC. Principal Place of Business Mailing Address 54022096 6509 MONMOUTH RD C/O RONNIE G. KELLAR WEST PALM BEACH, FL 33413 6509 MONMOUTH RD WEST PALM BEACH, FL 33413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 03112004 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0382209 Not Applicable Zip Country Zip Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLAR, RONNIE G Street Address (P.O. Box Number is Not Acceptable) 6509 MONMOUTH RD WEST PALM BEACH, FL 33413 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TRLE **★** Change Addition KELLAR, RONNIE G NAME NAME usog manmowth Rd STREET ADDRESS 5140 SHERMAN ROAD STREET ADDRESS West Pain beach . I 33413 WEST PALM BEACH, FL 33415 CHY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete TITLE XI Change ☐ Addition NAME KELLAR, DENISE NAME usog manmowsky ed. STREET ADDRESS 5140 SHERMAN ROAD STREET ADDRESS west falm Beach, FL 33413 CITY - ST - ZiP WEST PALM BEACH, FL 33415 CITY-ST-ZIP ☐ Delete TITLE Change Addition DENNIS LAIRD NAME NAME STREET ADDRESS 5384 MENDOZA STREET STREET ADDRESS so w. coconut Drive Lake worth, fl 33467 CITY-ST-ZIP WEST PALM BEACH, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 of rustee 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 ather like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

ME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

Addition

FILED