

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000087094

FILED
Apr 15, 2005
Secretary of State

Entity Name: HOLIDAY POOLS OF WEST FLORIDA, INC.

Current Principal Place of Business:

7733 SR 72
SARASOTA, FL 34242 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5848
SARASOTA, FL 34277 US

New Mailing Address:

P.O. BOX 21057
SARASOTA, FL 34276 US

FEI Number: 65-0546905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATROUS, ROBERT P
2033 WOOD STREET, SUITE 220
SARASOTA, FL 34237 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: P () Delete
Name: MCLEOD, CHARLES
Address: 6152 279TH STREET EAST
City-St-Zip: MYAKKA CITY, FL 34251

Title: VPS (X) Delete
Name: MCLEOD, JAMES
Address: 9709 289TH STREET EAST
City-St-Zip: MYAKKA CITY, FL 34251

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCLEOD, JAMES A
Address: 11451 M J ROAD
City-St-Zip: MYAKKA CITY, FL 34251

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: JAMES A MCLEOD

P

04/15/2005

Electronic Signature of Signing Officer or Director

Date