


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90290 036 ***150.00

DOCUMENT # P96000011765 1. Entity Name AMERICAN POOL LEAGUE, INC.					
Principal Place of Business 518 W. MANGO ST. LANTANA, FL 33462			Mailing Address 518 W. MANGO ST. LANTANA, FL 33462		
2. Principal Place of Business 9121 CITRUS ISLE LN		3. Mailing Address 9121 CITRUS ISLE LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKE WORTH FL		City & State LAKE WORTH FL		4. FEI Number 65-0640083	
Zip 33467		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POWERS, RAIFORD F 518 W. MANGO ST. LANTANA, FL 33462			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 9121 CITRUS ISLE LANE City LAKE WORTH FL Zip Code 33461		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POWERS, RAIFORD F 518 W. MANGO ST. LANTANA, FL 33462		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9121 CITRUS ISLE LANE LAKE WORTH FL 33467	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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: RAIFORD F. POWERS			4/4/04 561-582-0173		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Day/Date Phone #		