## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # P96000011765 1. Entity Name AMERICAN POOL LEAGUE, INC. Principal Place of Business Mailing Address 9121 CITRUS ISLE LANE 9121 CITRUS ISLE LANE LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 CR2E034 (10/03) 03282005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0640083 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent POWERS, RAIFORD F DO NOT WRITE 9121 CITRUS ISLE LANE LAKE WORTH, FL 33461 IN THIS SPACE 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS SJTIT POWERS, RAIFORD F NAME U00000231764 04/07/05-80044-002 150.00 9121 CITURS ISLE LANE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CMY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 attact RAIFORD F POWERS

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

3/30/05

561-582-0173

FILED

Davime Phone #