2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000012426

1. Entity Name
CLASS - A POOLS & SPAS, INC.

Principal Place of Business	Mailing Address
13 UTILITY DR E PALM COAST, FL 32137	13 UTILITY DR. PALM COAST, FL 32137

01212005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3360125	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMARAL, ANTONIO
13 UTILITY DR
E
PALM COAST, FL 32137

DO NOT WRITE 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)   DATE 1-21-05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AMARAL, ANTHONY JR
STREET ADDRESS	13 UTILITY DR
CITY-ST-ZIP	PALM COAST, FL 32137

TITLE	TD
NAME	AMARAL, ANTHONY SR.
STREET ADDRESS	13 UTILITY DR.
CITY-ST-ZIP	PALM COAST, FL 32137

TITLE	SD
NAME	AMARAL, MARIA
STREET ADDRESS	13 UTLITY DR.
CITY-ST-ZIP	PALM COAST, FL 32137

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000193077
01/25/05-80045-008 150.00

DO NOT WRITE IN THIS SPACE

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: _____ Antonio Amaral Jr.   1-21-05   386-446-3335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #