

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000012426
 1. Entity Name
 CLASS - A POOLS & SPAS, INC.



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



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3360125 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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: *Antonio Amaral Jr.* DATE: 1-21-05

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

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

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 01/25/05-80045-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.* Antonio Amaral Jr. 1-21-05 386-446-3335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #