

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000072047

Entity Name: DOLPHIN POOLS, INC.

FILED  
Aug 25, 2005  
Secretary of State

**Current Principal Place of Business:**

5494 S.E. CELESTIAL CIR.  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6025  
STUART, FL 34997 US

**New Mailing Address:**

FEI Number: 65-0689528      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: TUCKER, CHARLES A  
Address: 5494 SE CELESTIAL CIR  
City-St-Zip: STUART, FL 34997

Title: VD ( ) Delete  
Name: TUCKER, MELISSA G  
Address: 5494 SE CELESTIAL CIR  
City-St-Zip: STUART, FL 34997

Title: S ( ) Delete  
Name: DAVIS, MARY R  
Address: 5494 SE CELESTIAL CIR  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARY DAVIS

S

08/25/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date