


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90028 046 ***150.00

DOCUMENT # P97000051862	
1. Entity Name SHOREWAY POOL & HOME SERVICE, INC.	

Principal Place of Business 561 NORTHEAST 21ST AVENUE UNIT #1 DEERFIELD BEACH, FL 33441	Mailing Address 561 NORTHEAST 21ST AVENUE UNIT #1 DEERFIELD BEACH, FL 33441
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54013096



2. Principal Place of Business 1160 Southwest 17 St.	3. Mailing Address 1160 Southwest 17 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02252004 Chg-P CR2E034 (10/03)

City & State Boca Raton FL.	City & State Boca Raton FL.
Zip 33486	Country Palm Beach
Zip 33486	Country Palm Beach

4. FEI Number 65-0760798	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OLLERT, GREGORY J 561 NE 21 AVE. #1 DEERFIELD BEACH, FL 33441	
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7. Name and Address of New Registered Agent Name OLLERT, GREGORY J. Street Address (P.O. Box Number is Not Acceptable) 1160 Southwest 17 Street City Boca Raton FL Zip Code 33486	
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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 G Ollert GREGORY J. OLLERT OWNER 2-25-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD OLLERT, GREGORY J 561 NORTHEAST 21ST AVENUE DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD OLLERT, GREGORY J 1160 Southwest 17 Street Boca Raton FL 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: G Ollert GREGORY J. OLLERT 2-25-04 561 391-8701 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	