

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

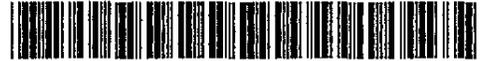
**FILED  
Mar 14, 2005 08:00 AM  
Secretary of State**

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



Principal Place of Business 1160 SOUTHWEST 17 ST. BOCA RATON, FL 33486	Mailing Address 1160 SOUTHWEST 17 ST. BOCA RATON, FL 33486
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**DO NOT WRITE IN THIS SPACE**



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0760798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
OLLERT, GREGORY J  
1168 SOUTHWEST 17 STREET  
BOCA RATON, FL 33486

**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	PSTD OLLERT, GREGORY J 1160 SOUTHWEST 17 STREET BOCA RATON, FL 33486
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03/14/05-80013-016 150.00

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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)(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 3-11-05 954 803-4404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #