


FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90085 005 ***150.00

DOCUMENT # P97000070513				Secretary of State 04-22-2004 90085 005 ***150.00	
1. Entity Name SLESSER POOLS, INC.					
Principal Place of Business PO BOX 2595 BUNNELL FL 32110		Mailing Address PO BOX 2595 BUNNELL FL 32110			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3470191	
6. Name and Address of Current Registered Agent DONALD W. DUNCAN, P.A. 25 FLORIDA PARK DR N PALM COAST FL 32137		7. Name and Address of New Registered Agent Name Jason E. Slessor Street Address (P.O. Box Number is Not Acceptable) 16 Ivey Lane City Flagler Beach FL Zip Code 32136			
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 Maria Q. Slessor V.P. DATE 1-29-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLESSER, JASON	NAME			
STREET ADDRESS	16 IVEY LANE	STREET ADDRESS			
CITY-ST-ZIP	FLAGLER BEACH FL 32136	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLESSER, MARIA	NAME			
STREET ADDRESS	16 IVEY LANE	STREET ADDRESS			
CITY-ST-ZIP	FLAGLER BEACH FL 32136	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: Maria Q. Slessor DATE 1-29-04 386 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> 931-1325					